

A Report on **South Dakota's Nursing Workforce - 2009 -**



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A REPORT ON
**South Dakota's
Nursing Workforce**
— 2009 —

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Table of Contents

Introduction	4
Overview and Methods.....	5
Supply and Characteristics of Nurses	5
Licensure Status	5
Migration Patterns.....	6
Licensed Practical Nurses	7
Licensure Status	7
Gender	7
Race/Ethnic Background.....	7
Age	7
Distribution of LPNs	8
Educational Preparation	9
Highest Educational Preparation	9
Enrolled in Additional Nursing Education.....	10
Employment Data	10
Employment Status	10
Places of Employment.....	10
Time Involved in Direct Patient Care.....	11
Nursing Position	11
Registered Nurses	12
Licensure Status	12
Gender	12
Race/Ethnic Background.....	12
Age	12
Distribution of RNs	13
Educational Preparation	14
Highest Educational Preparation	14
Enrolled in Additional Nursing Education.....	15
Employment Data	15
Employment Status	15
Places of Employment.....	15
Time Involved in Direct Patient Care.....	16
Nursing Position	16
Advanced Practice Nurses.....	17
Certified Nurse Midwives	17
Licensure Status	17
Age	17
Distribution of CNMs.....	17
Employment Data	18
Practice Arrangement	18
Certified Nurse Practitioners	19
Licensure Status	19
Race/Ethnic Background.....	19
Age	19
Distribution of CNPs.....	20
Educational Preparation	21
Highest Educational Preparation	21
Employment Data	21
Practice Arrangement	22
Certified Registered Nurse Anesthetists.....	22
Licensure Status	22
Race/Ethnic Background.....	22
Age	22

Distribution of CRNAs	23
Highest Educational Preparation	24
Employment Data	24
Places of Employment.....	24
Clinical Nurse Specialists	25
Licensure Status	25
Age	25
Distribution of CNSs	25
Highest Educational Preparation	26
Employment Data	26
Places of Employment.....	27
Time Involved in Direct Patient Care.....	27
Nursing Position	27
Nursing Education Faculty	28
Highest Educational Preparation	28
Age	28
Demand for Nurses in South Dakota	29
FTE Status.....	29
Vacancy & Turnover Rates.....	30
Projected RN Demand.....	30
Nursing Pipeline	33
Appendix A: Regional Data	34
Appendix B: Employment Information.....	37
Reference List.....	38

Introduction

This *2009 Report on South Dakota's Nursing Workforce* was prepared by the South Dakota (SD) Center for Nursing Workforce. The report provides information on South Dakota's current nursing workforce supply and compares it with historical data and with future projections regarding supply and demand for nurses. The report also includes findings from data gathered from each nurse license renewal application submitted to the South Dakota Board of Nursing (SDBON). Similar supply reports were published in 1996, 1999, 2002, 2005, and 2007; copies are available from the SD Center for Nursing Workforce. This report focuses on supply and characteristics of nursing workforce, projections for future supply and need:

- *Licensed Practical Nurses (LPN)*
- *Registered Nurses (RN)*
- *Certified Nurse Midwives (CNM)*
- *Certified Nurse Practitioners (CNP)*
- *Certified Registered Nurse Anesthetists (CRNA)*
- *Clinical Nurse Specialists (CNS)*
- *Nursing Faculty*

The SD Center for Nursing Workforce, initially funded by the Robert Wood Johnson Foundation, was established in 1996 as the SD Colleagues in Caring Project. At the completion of the grant in 2002, state legislation was enacted in the Nurse Practice Act. This legislation, SDCL 36-9-95 and 36-9-96, created the Nursing Workforce Center and a source for funding. The SDBON is the lead agency for the SD Center for Nursing Workforce. The mission of the Center is to *design a nursing workforce prepared to partner with SD Citizens to meet their changing health needs*. Members of the SD Center for Nursing Workforce Governance Council provide guidance and strategic direction to the Center for Nursing Workforce.

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The Center for Nursing Workforce is proactively preparing to meet the demands of SD's citizens to ensure SD continues to have a nursing workforce prepared to meet SD citizens' changing health needs.

Overview & Methods

The first part of this report focuses on SD's nursing supply. Nursing supply is measured by the number of actively licensed nurses. Because supply can be overstated by assessing only the total number of actively licensed nurses, this report also measures the number of hours worked/volunteered in the profession, which demonstrates their level of participation in the nursing workforce.

The South Dakota Board of Nursing (SDBON) provided aggregate licensure data for all actively licensed nurses for this report. The SD Center for Nursing Workforce, in collaboration with the SDBON, analyzed the employment data collected from each RN and LPN upon licensure renewal. Each licensed nurse must renew the license every two years, with no nurse submitting data more than once in the two-year data collection period of February 1, 2007 through January 31, 2009. Of the 10,739 RN licenses renewed during the data collection period, 9,178 returned completed renewal applications, for an 85.5% response rate. Of 1,874 LPN licenses renewed, 1,735 LPNs returned completed renewal applications, for a 92.6% response rate.

The number of responses provided on surveys may not correspond with the number of survey respondents. For example, nurses who work part-time at a clinic and part-time at a hospital may correctly identify both employment locations. Conflicting and contradictory responses are also possible and cannot be clarified once the survey has been received.

Employment data were entered by the SDBON; aggregate data was produced by the SD Central Data Processing in Pierre. For historical comparison, data from previous nursing workforce supply reports may be compared to 2009 data.

Most Advanced Practice Nurses (APN) which includes CNMs, CNPs, CRNAs, and CNSs, completed surveys with their RN renewal. However, several factors may affect APN responses. First, not all APNs are required to have a SD RN license. Instead they use a Compact RN license to meet the APN requirement for RN licensure. As a result, some do not return a survey. Second, some APNs hold multiple licenses and work in several practice settings, filling various roles. The number of responses provided on the surveys therefore may not correspond with the number of respondents.

Supply and Characteristics of Nurses

LICENSURE STATUS

As of January 31, 2009 the SDBON reported 12,636 actively licensed RNs, 2,243 actively licensed LPNs, 26 actively licensed CNMs, 371 actively licensed CNPs, 372 actively licensed CRNAs, and 79 actively licensed CNSs. Supply data from 2002 through 2009, presented in the table, demonstrates a positive growth in supply of actively licensed RNs, LPNs, CNMs, CNPs, and CRNAs. Licensure data revealed that 1,566 new RNs were licensed in SD during this same time period; 928 were added as new graduates, those who sat for exam, and 638 were added by endorsement from another state. The net increase of RNs was 1,010 nurses from January 31, 2007 to February 1, 2009.

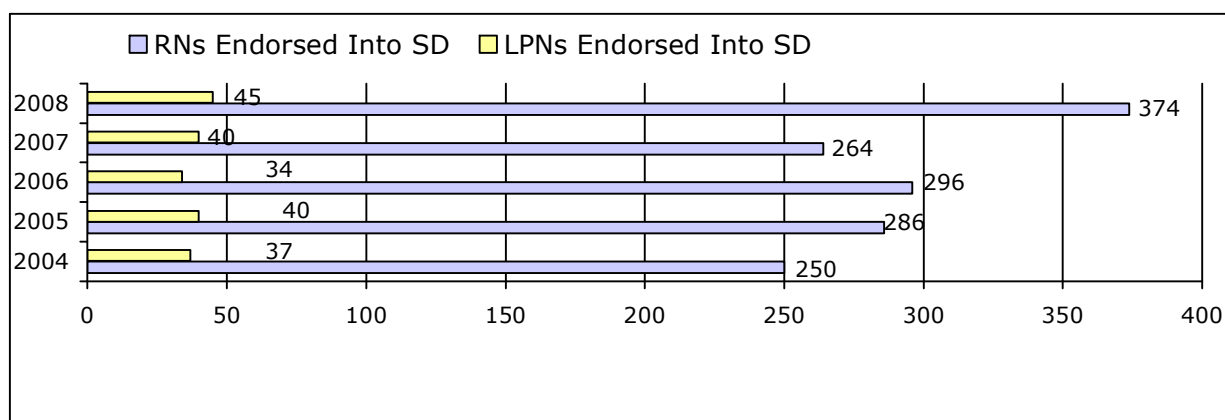
Actively Licensed Nurses, % Change for Selected Years 2002 – 2007

NURSES	2009	%	2007	%	2005	%	2002
<i>RNs</i>	12,636	+8.7	11,626	+6.8	10,881	+6.9	10,183
<i>LPNs</i>	2,243	+1.7	2,206	+1.1	2,183	+2.5	2,130
<i>CNMs</i>	26	+3.7	19	+18.8	16	+23	13
<i>CNPs</i>	371	+12.8	329	+13	291	+24	235
<i>CRNAs</i>	372	+6.0	351	-1.7	357	+17	306
<i>CNSs</i>	79	-2.5	81	+9.5	74	-14	86

MIGRATION PATTERNS

Migration trends for nurses are reflected in SDBON endorsement and employment data. Endorsement data represent the number of LPNs and RNs who license into SD from another state, as shown in the table. Endorsement information on the number of nurses migrating out of SD is difficult to capture. To license in another state, nurses request licensure information be sent to the other state. It is uncertain, however, whether the nurse is actually leaving the state to migrate to another state to work, or if the nurse is continuing to reside in SD and working in multiple states.

SD and surrounding states Nebraska, Iowa, and North Dakota, participate in a mutual recognition model of nurse licensure. This is referred to as the multi-state nurse licensure model, or the Nurse Licensure Compact (NLC). Currently 23 states have implemented the NLC (National Council State Boards of Nursing (NCSBN), www.NCSBN.org). The NCL allows a nurse to hold one RN or LPN license in their state of residence and to use that license to practice in the other participating states. Consequently, the actual number of nurses actively practicing in SD at any given time is difficult to measure.



Employment data collected from RNs, LPNs, and APNs regarding "States other than SD in which you are licensed" are presented below. The majority of RN and LPN respondents indicated licensure in only SD. RNs and LPNs who indicated licensure in at least one other state than SD decreased slightly since 2007 to 9.3% in 2009 for RNs and 8.2% for LPNs. Only 3.8% of RNs indicated licensure in two or more states, down from 5% in 2007. Similarly, only 1.9% of LPNs hold licensure in two or more states. APNs consistently reflect the highest percentages of nurses that hold multiple state licenses. One explanation may be that SD does not participate in the APN multi-state licensure compact and as a result APNs must license in each state in which they practice.

Percentage of Nurses Licensed in Multiple States

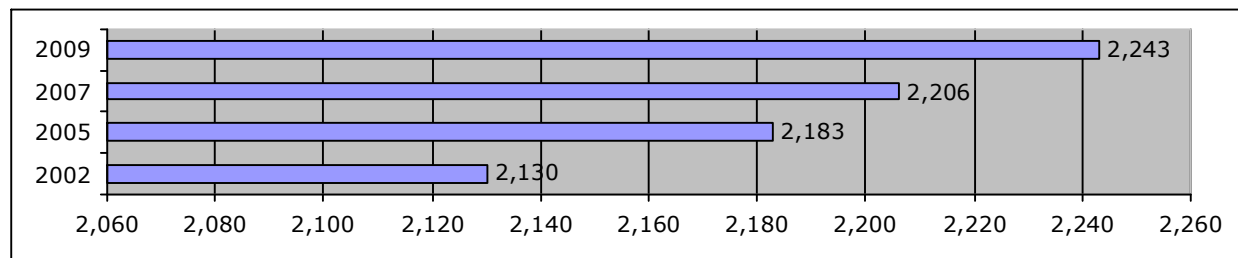
# of States other than SD	RN		LPN		CNM	
	2009	2007	2009	2007	2009	2007
0	87%	84%	90%	89%	50%	64%
1	9%	11%	8%	9%	31%	36%
2	2%	3%	1.5%	2%	6%	0
3	1%	1%	0.2%	0	0	0
4 or >	1%	1%	0.2%	0	12.4%	0
# of States other than SD	CNP		CRNA		CNS	
	2009	2007	2009	2007	2009	2007
0	79%	79%	64%	55%	78%	78%
1	13%	16%	14%	18%	18%	16%
2	6%	4%	11%	10%	4%	3%
3	1.4%	0.4%	5%	5%	0	3%
4 or >	0.6%	0.8%	6%	12%	0	0

Licensed Practical Nurses

LICENSURE STATUS

As of January 31, 2009 the SDBON reported 2,243 actively licensed LPNs. Data reflected a slight increase in the supply of LPNs (37) from January 31, 2007 to February 1, 2009, a positive change of 1.7%. Licensure data revealed that 315 new LPNs were licensed in SD during this same time period. Of those, 223 were added as new graduates, those who sat for the licensing exam, 85 were added by endorsement from another state, and 7 by equivalency of education and exam.

Completed licensure renewal data was submitted by 1,735 LPNs with their license renewals from January 31, 2007 to February 1, 2009.



GENDER

The gender of actively licensed LPNs in SD remained predominantly female.

	2009		2007		2005		2002	
Male	71	3.2%	64	2.9%	73	3.3%	54	2.5%
Female	2,172	96.8%	2,142	97.1%	2,110	96.7%	1,933	90.8%
Missing	--	--	--	--	--	--	143	6.5%
TOTAL	2,243	100%	2,206	100%	2,183	100%	2,130	100%

RACE/ETHNIC BACKGROUND

The majority of LPNs are Caucasian. Minority nurse populations continue to be under-represented. The following table presents comparisons of ethnic distribution of all SD citizens and actively licensed LPNs.

	American Indian	Black/African American	White	Other / Unknown	Hispanic/Latino
SD Population	8.2%	1%	87.4%	3.4%	2.1%
SD LPNs	4.2%	1.7%	87.7%	5.8%	0.4%

Sources: SDBON, 2009; U.S. Census Bureau, 2005-2007 American Community Survey, SD Fact Sheet 2009.

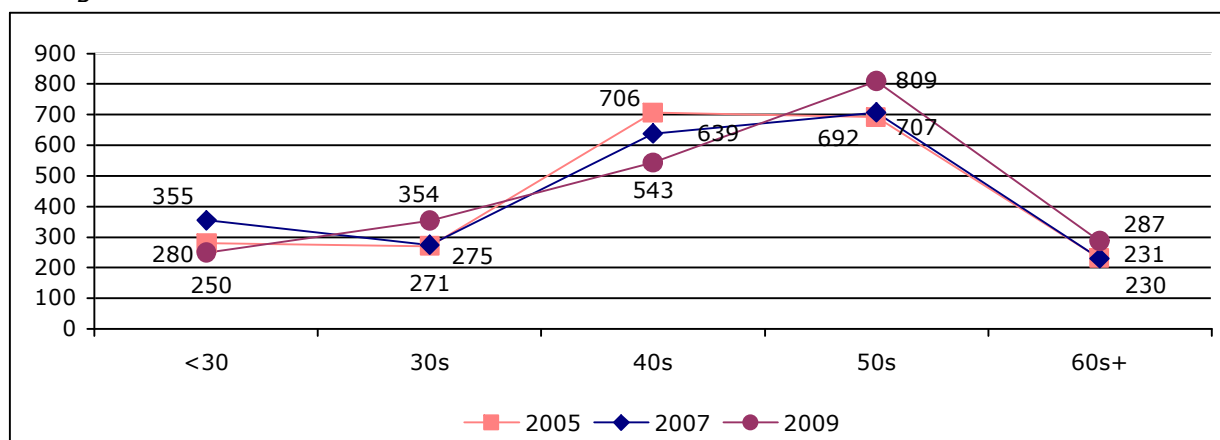
AGE

Age distribution of licensed LPNs is shown in the table and figure below. SD's largest percentage of LPNs, 60%, remains in the 40s and 50s age groups. The combined <26 and 30s age groups comprised 26.9% (604) of the LPN population in 2009, while the 50s and 60s age groups comprised nearly half, 49% (1,096), of the licensed population. The average age of an LPN is 49 years old.

Data reflected that 12.3% of LPNs intend "to leave or retire from nursing within the next five years", approximately 276 nurses.

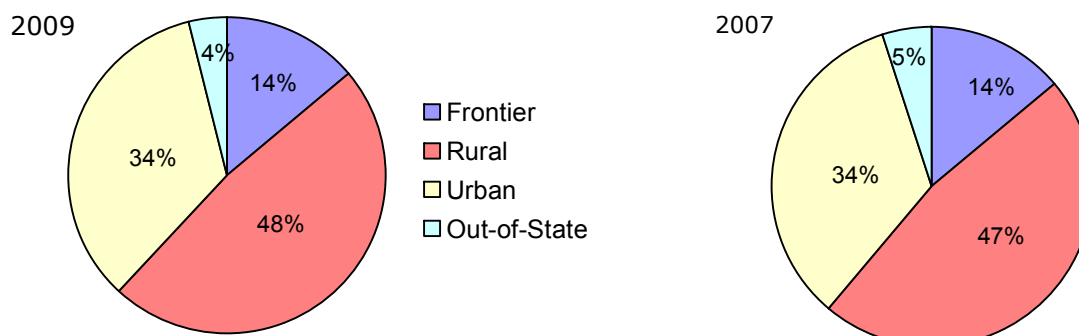
Age Range	2009		2007		2005	
<26	87	4%	170	8%	118	5%
26-30	163	7%	185	8%	162	7%
31-35	177	8%	160	7%	147	7%
36-40	177	8%	115	5%	124	6%
41-45	203	9%	289	13%	315	14%
46-50	340	15%	350	16%	391	18%
51-55	449	20%	427	19%	433	20%
56-60	360	16%	280	13%	259	12%
61-65	177	8%	148	7%	142	7%
>65	110	5%	82	4%	89	4%

LPN Age Distribution

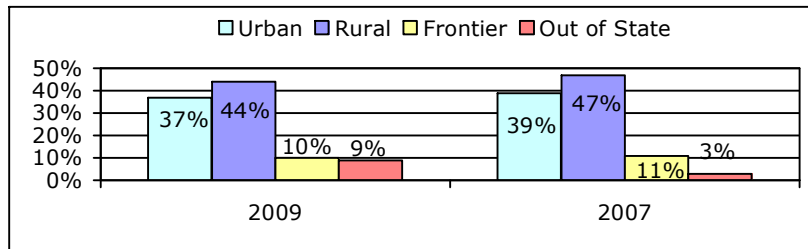


DISTRIBUTION OF LPNs

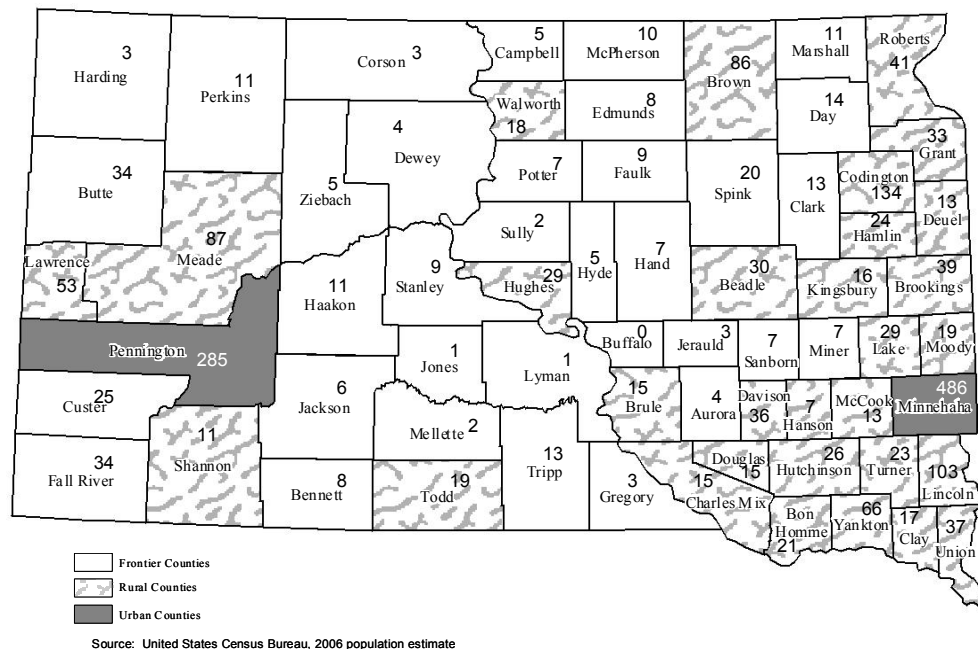
Percentages of LPNs who resided in SD's frontier, rural, urban counties, and out-of-state remained consistent from previous nursing workforce reports and are shown in the figures below. *The 2008 South Dakota Health Care Professional Workforce Report* defined urban counties as having a population center of 50,000 or more; rural counties as having a population density of more than six persons per square mile but no population centers of 50,000 or more; and frontier areas have a population density of six or fewer persons per square mile (SD Department of Health; Office of Data, Statistics, & Vital Records, <http://doh.sd.gov/Statistics/2008Workforce/default.aspx>).



The percent of LPNs 50 years and older who resided in SD's frontier, rural, urban counties, and out-of-state are shown in the figure below. A slight decrease is noted in rural and urban counties.



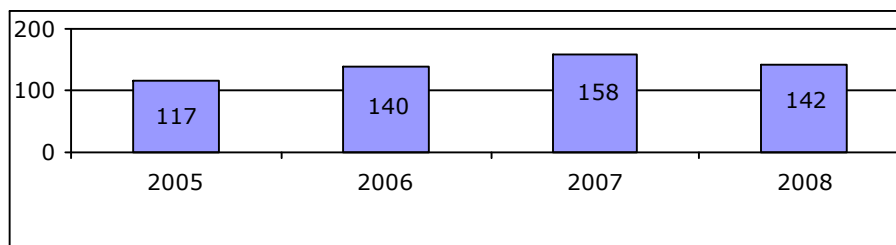
Distribution of actively licensed LPNs who reside in SD counties is shown on the map. LPNs practicing in SD using a multistate compact license or who reside outside of SD are not included. (See Appendix A for additional county distribution data).



Urban = 50,000+ population center, Rural = 6+ persons/square mile but no population center of 50,000+, Frontier = >7 persons/square mile.

EDUCATIONAL PREPARATION

The number of new LPN graduates produced in SD has remained stable.

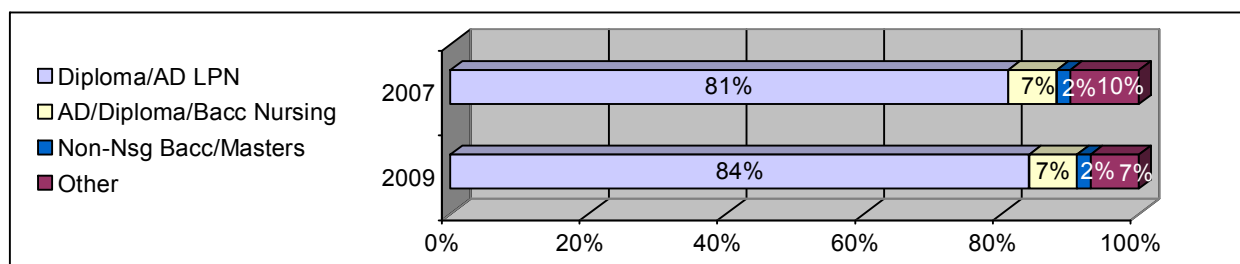


SD Annual Report of Nursing Education Programs 2005–2008.

HIGHEST EDUCATIONAL PREPARATION

Consistent with previous SD nursing workforce reports a majority, 84%, of LPN respondents indicated their highest educational preparation at the PN diploma or associate

degree level. LPNs prepared with a baccalaureate RN, associate RN, or diploma RN in nursing comprised 7%, while 2% hold a non-nursing baccalaureate or master's degree.



ENROLLED IN ADDITIONAL NURSING EDUCATION

An increased number of LPNs, 12.3%, indicated that they are "currently enrolled in education classes leading to an advanced nursing degree" as compared to 9% in 2007 and 4% in 2005. The majority of respondents, 82.4%, indicated that they were not seeking an advanced nursing degree, and 5.3% did not respond to the question.

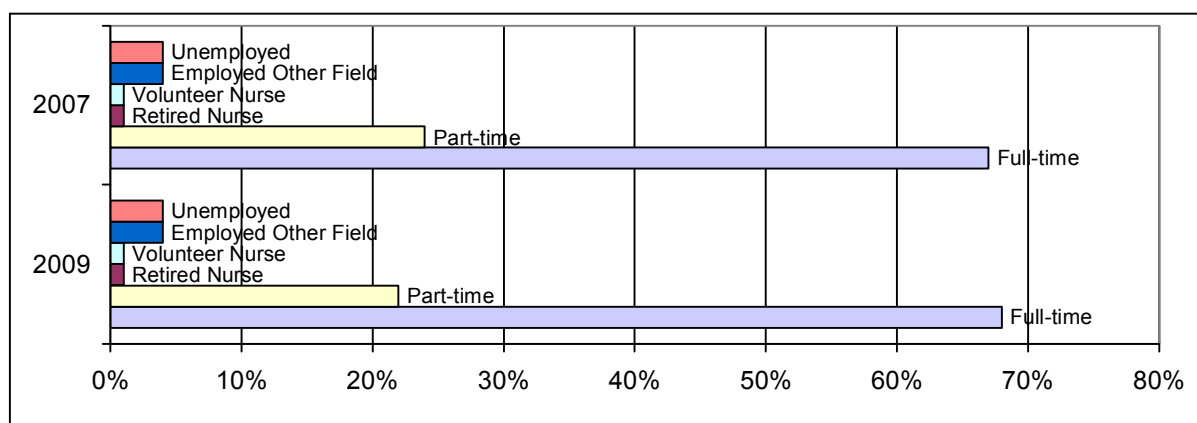
EMPLOYMENT DATA

Employment Status

Employment data collected from LPNs continued to reflect a high percentage employed in the nursing profession as illustrated below. This data is consistent with previous SD Nursing Workforce Supply reports published in 1999, 2002, 2005, and 2007 which described actively licensed nurses employed at least 82% – 91% in the nursing profession.

Data collected during this renewal period, February 1, 2007 though January 31, 2009, revealed 90% of LPN respondents were employed either full-time or part-time in nursing positions. Of those, 68% were full-time, an increase of 1% since 2007, and 22% were part-time, a decrease of 2% since 2007. LPNs who indicated employment in a field other than nursing comprised 4% of respondents. Another 4% indicated that they were unemployed, 1% retired, and 1% volunteer nurses.

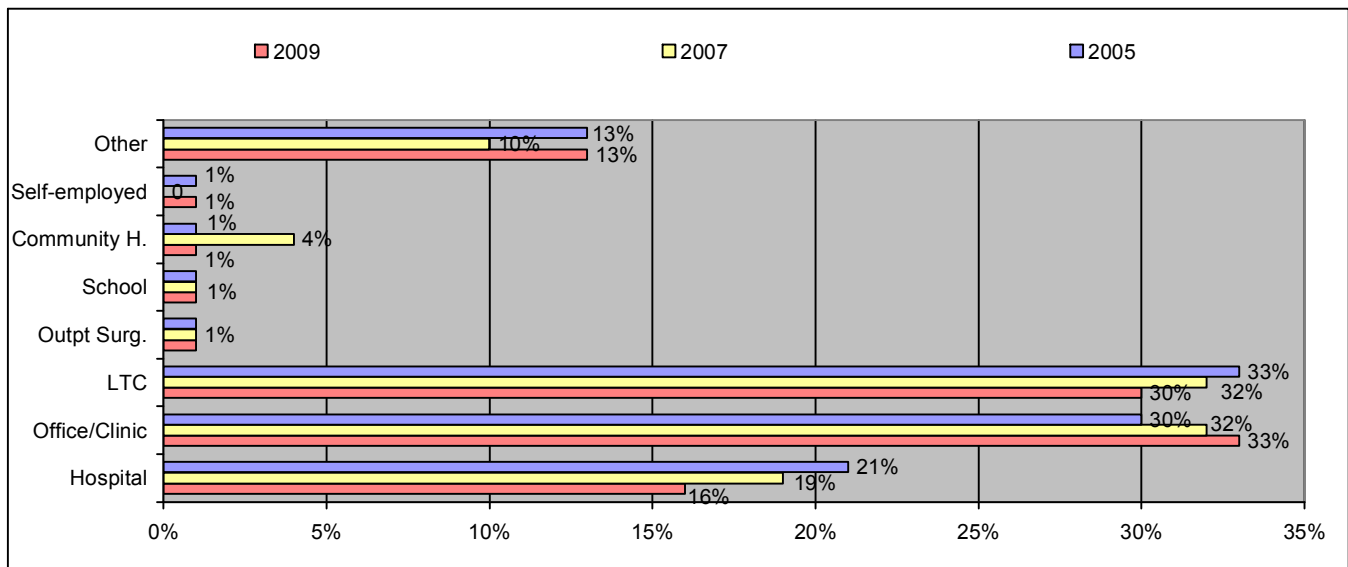
A retired or volunteer nurse may continue to maintain an active license if they meet SD renewal criteria. To renew a license, nurses must provide evidence of a minimum of 140 hours in a 12-month period or an accumulated 480 hours within the past 6 years of employment or volunteer work as a nurse.



Places of Employment

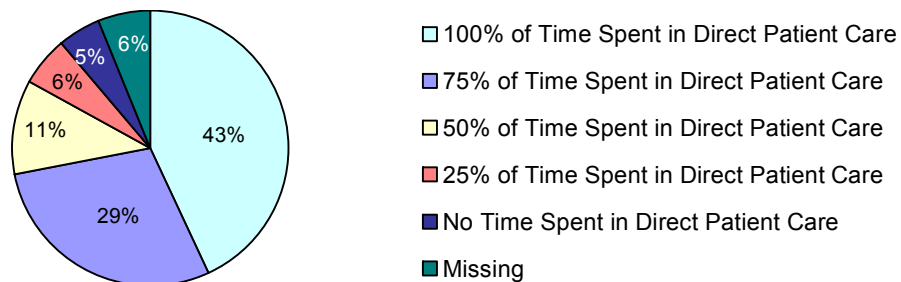
The majority of LPNs were employed in the following settings: office/clinic (33%), long term care (30%), and hospital (16%), during the data collection period of February 1, 2007 though January 31, 2009. LPNs employed in an office/clinic have increased slightly since 2005, while LPNs employed in long term care and hospitals have decreased. Percentages

for the other healthcare settings, shown below, remained fairly consistent compared with previous reporting periods.



Time Involved in Direct Patient Care

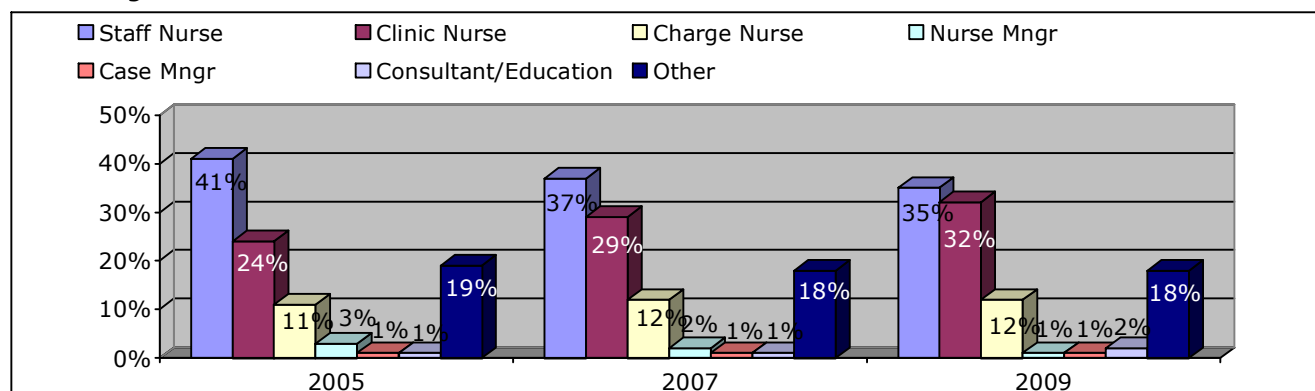
Similar to previous workforce reports, a large number of LPNs reported that in their current LPN positions a significant percentage of their time is involved in direct patient care.



Nursing Position

Percentages of the types of positions LPNs held during the data collection period of February 1, 2007 though January 31, 2009 are shown in the figure below. LPNs in staff nurse positions comprised 35% of positions held in 2009 as compared to 41% in 2005. Two other positions held by a majority of LPNs included clinic nurse 32%, up 8% since 2005, and charge nurse (12%).

Percentage of LPN Positions Held

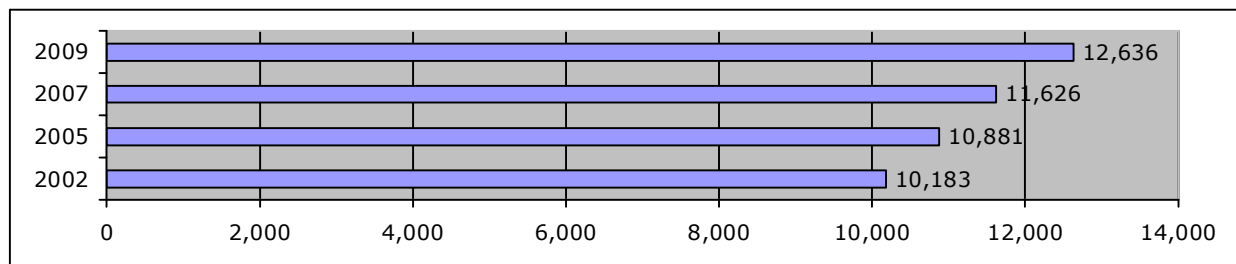


Registered Nurses

LICENSURE STATUS

As of January 31, 2009 the SDBON reported 12,636 actively licensed RNs. Data continues to reflect positive growth in the supply of RNs from January 31, 2007 to February 1, 2009 with an increase of 1,010 nurses, a positive change of 8.7%. Licensure data revealed that 1,566 new RNs were licensed in SD during this same time period. Of those, 928 were added as new graduates, those who sat for licensing exam, and 638 were added by endorsement from another state.

Completed licensure renewal data was submitted by 9,178 RNs with their license renewals from January 31, 2007 to February 1, 2009.



GENDER

The gender of actively licensed RNs in SD remained predominantly female; male nurses have shown a slight increase each year since 2002.

	2009		2007		2005		2002	
Male	999	7.9%	871	7.5%	790	7.3%	705	6.9%
Female	11,637	92.1%	10,755	92.5%	10,086	92.7%	9,042	88.8%
Missing	--	--	--	--	5	0.1%	436	4.3%
TOTAL	12,636		11,626		10,881		10,183	

RACE/ETHNIC BACKGROUND

The majority of RNs in SD are Caucasian. Minority nurse populations continue to be under-represented. The following table presents comparisons of ethnic distribution of all SD citizens, actively licensed SD RNs, and the United States population and RNs.

	American Indian	Black/African American	White	Other / Unknown	Hispanic/Latino
SD Population	8.2%	1.0%	87.4%	3.4%	2.1%
SD RNs	2.3%	1.4%	90%	6.3%	0.4%
US Population	0.8%	12.4%	74.1%	12.2%	14.7%
U.S. RNs	0.4%	4.6%	88.4%	10.8%	1.8%

Sources: SDBON, 2009; "The Registered Nurse Population: Findings from the national sample survey of registered nurses, March 2004," Division of Nursing, Bureau of Health Professions, HRSA, USDHHS; U.S. Census Bureau, 2005-2007 American Community Survey, SD Fact Sheet 2009.

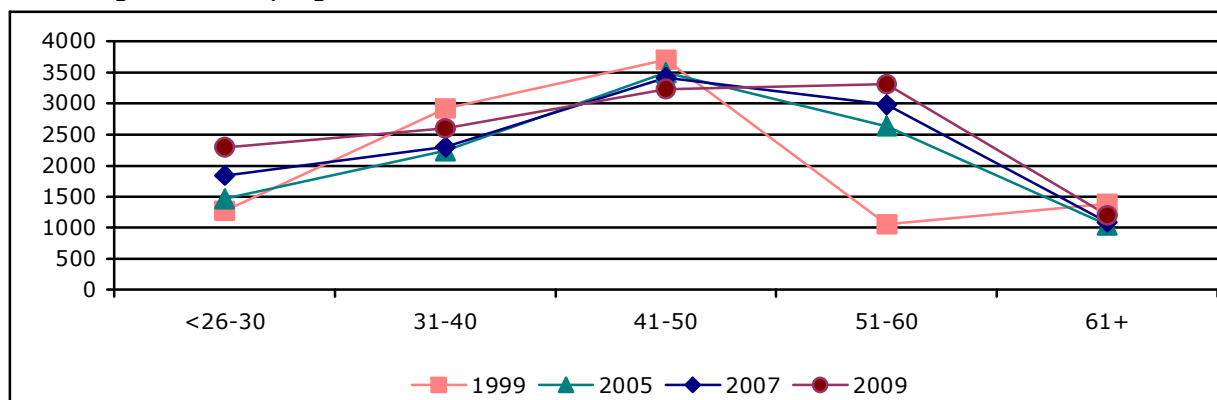
AGE

Age distribution of licensed RNs is shown below. The largest percentage of RNs, 55%, are in the 40s and 50s age groups. The <30 age group however has maintained a steady increase since 2002. The <30 and 30s age groups comprised 38.8% (4,897) of the RN population in 2009, while the 50s and 60s age groups comprised 35.7% (4,508). The average age of an RN is 45 years old.

Data reflected that 11.3% of RNs intend "to leave or retire from nursing within the next five years", approximately 1,428 nurses.

Age Range	2009		2007		2005	
<26	884	7%	648	6%	448	4%
26-30	1413	11%	1193	10%	1021	9%
31-35	1291	10%	1161	10%	1096	10%
36-40	1309	10.4%	1141	10%	1141	11%
41-45	1374	11%	1540	13%	1622	15%
46-50	1857	15%	1877	16%	1874	17%
51-55	1898	15%	1819	16%	1667	15%
56-60	1412	11%	1162	10%	971	9%
61-65	676	5.4%	616	5%	607	6%
>65	522	4%	469	4%	434	4%

Percentage of RNs by Age in Current and Previous Decades



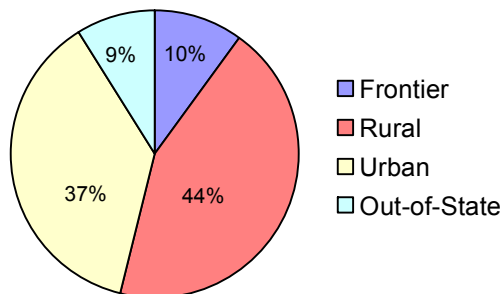
*1999 data was formatted in categories of ages 51 – 55 and over 55; therefore 60s+ age group include nurses aged 56-59. Source: SDBON, 1999 – January 31, 2007

DISTRIBUTION OF RNs

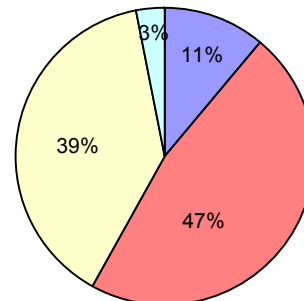
The figures below show the percent of RNs who resided in SD's frontier, rural, urban counties, and out-of-state. *The 2008 South Dakota Health Care Professional Workforce Report* defined urban counties as having a population center of 50,000 or more; rural counties as having a population density of more than six persons per square mile but no population centers of 50,000 or more; and frontier areas have a population density of six or fewer persons per square mile.

RNs who resided out-of-state increased 6% since 2007; this increase may reflect the increased number of RNs who endorsed into SD from other states in recent years.

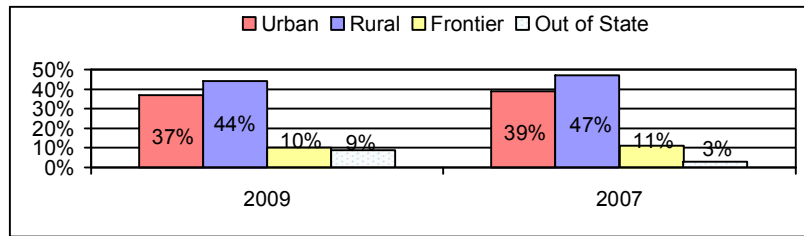
2009



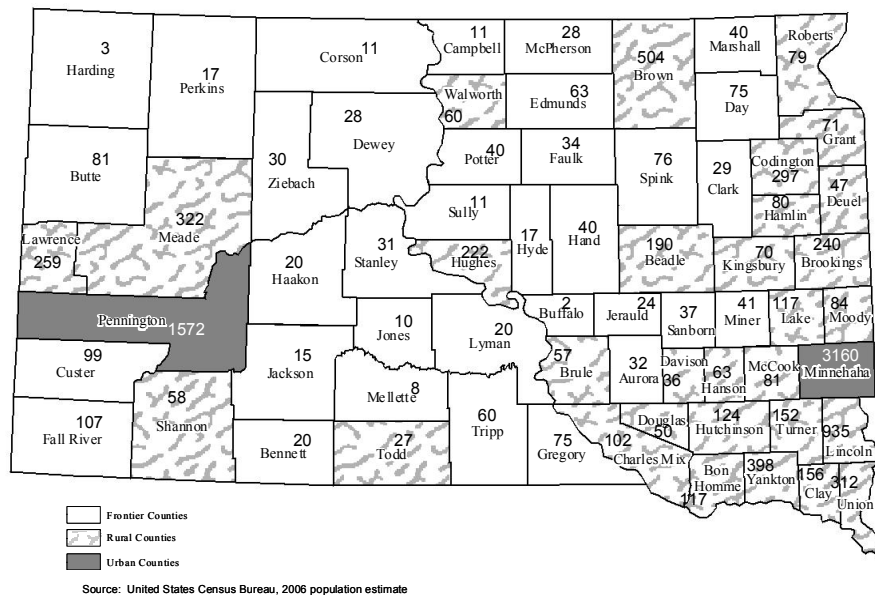
2007



The percent of RNs 50 years and older who resided in SD's frontier, rural, urban counties, and out-of-state are shown below. A slight decrease is noted in frontier, rural, and urban counties. Those residing out-of-state increased by 6%.



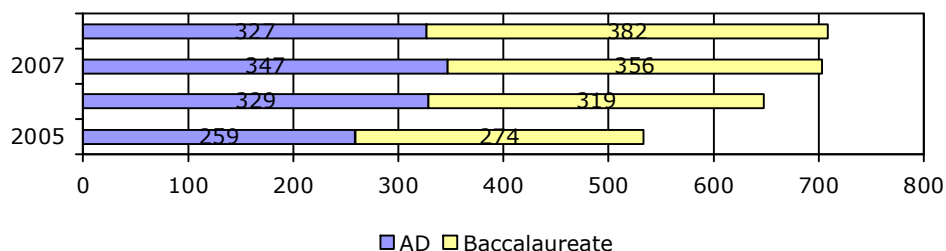
Distribution of actively licensed RNs who reside in SD counties is shown on the map. RNs practicing in SD using a multistate compact license or who resided outside of SD are not included. (See Appendix A for additional county distribution data).



Urban = 50,000+ population center, Rural = 6+ persons/square mile but no population center of 50,000+, Frontier = >7 persons/square mile.

EDUCATIONAL PREPARATION

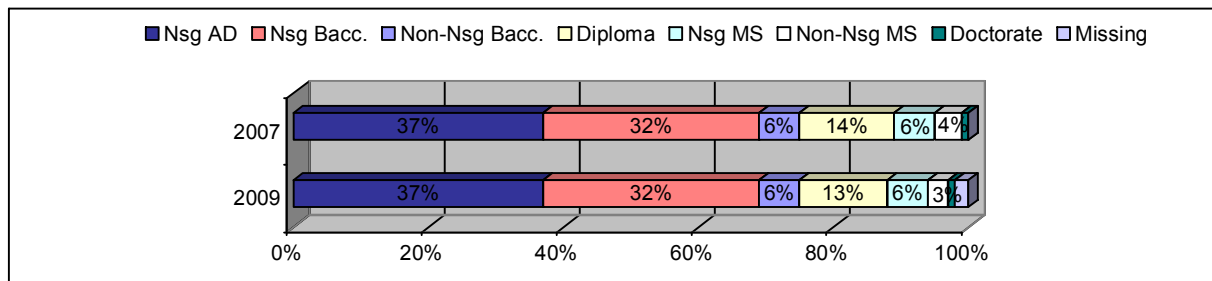
The number of new RN graduates produced in SD has steadily increased. Graduates in academic year 2008 totaled 714 as compared to 703 in 2007, 648 in 2006, and 533 in 2005. Data also revealed that 54% of the graduates in 2008 were prepared at the baccalaureate degree level and 46% at the associate degree level (SD Annual Reports of Nursing Education Programs, 2005–2008).



HIGHEST EDUCATIONAL PREPARATION

Consistent with previous reports, the greatest number, 36.6%, of RNs responded that their highest educational preparation was at the associate degree level. RNs who indicated

highest educational level at the baccalaureate degree in nursing remained consistent since 2007. Diploma prepared RNs continue to steadily decline; 13% in 2009 as compared to 14% in 2007, 17% in 2005, and 20% in 2002. Six percent of nurses indicated their highest preparation as master's in nursing, which was unchanged from 2007. Less than 1%, or sixty-five nurses, reported preparation at the doctoral level as compared to 60 nurses in 2007, and 58 nurses in 2005.



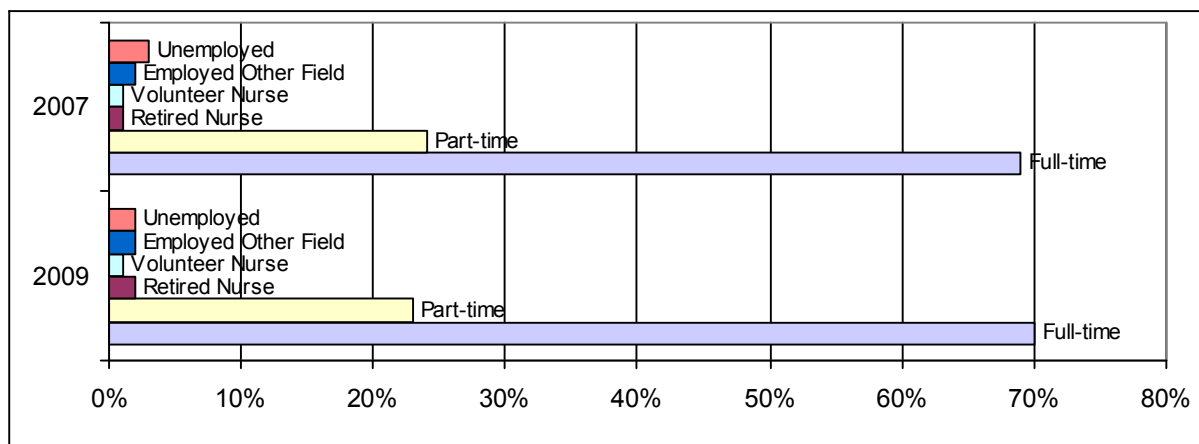
ENROLLED IN ADDITIONAL NURSING EDUCATION

RNs who responded that they are "currently enrolled in education classes leading to an advanced nursing degree" comprised 15.3% or 1,405 nurses. The majority of respondents indicated that they were not seeking an advanced nursing degree.

EMPLOYMENT DATA

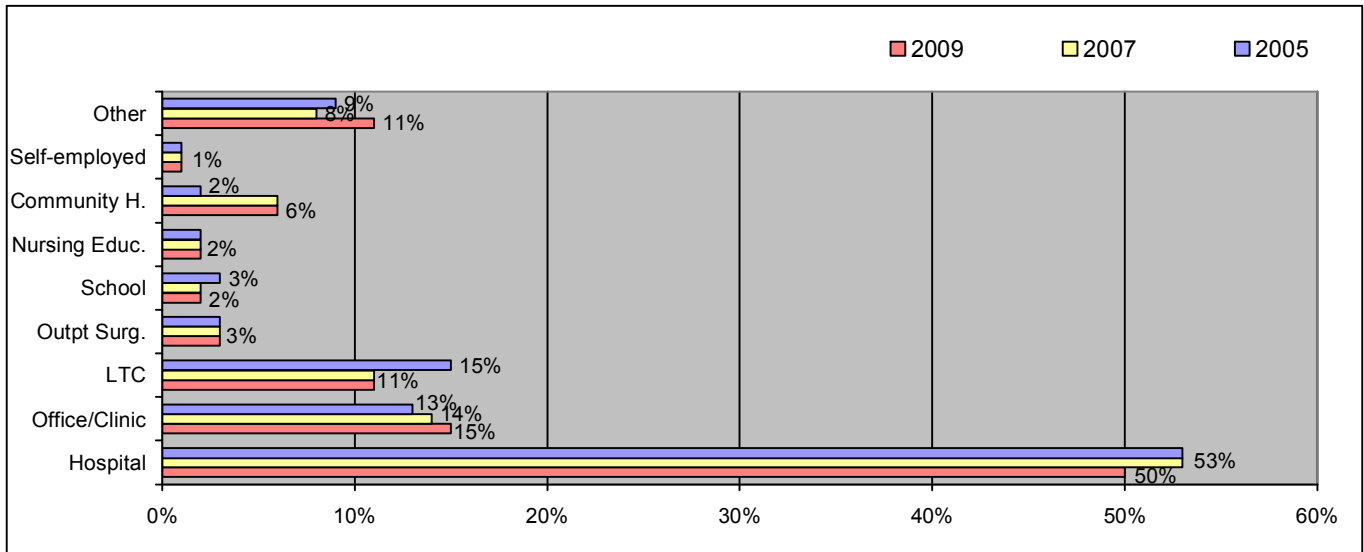
Employment Status

2009 employment data was consistent with earlier nursing workforce reports from 1999, 2002, 2005, and 2007 in which nurses were employed at least 88% – 93% in full-time or part-time nursing position. Data in 2009 again revealed a high percentage, 93%. As shown below, RNs who responded as working in the nursing profession full-time comprised 69.6% and part-time, 23.2%; while 2% responded that they were employed in a field other than nursing, 2% were unemployed, 2% retired, and 1% were volunteer nurses. A retired or volunteer nurse may continue to maintain an active license if they meet SD renewal criteria. To renew a license, nurses must provide evidence of a minimum of 140 hours in a 12 month period or an accumulated 480 hours within the past 6 years of employment or volunteer work as a nurse.



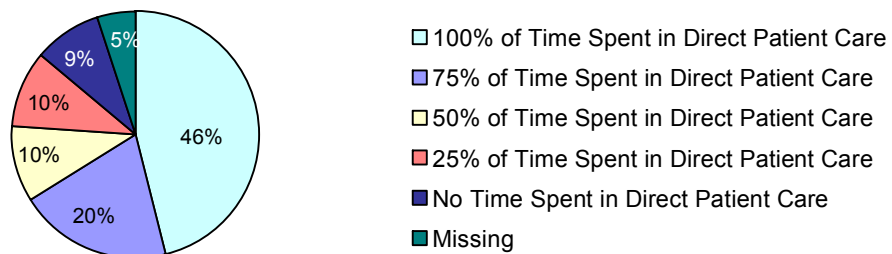
Places of Employment

The majority of RNs were employed in the following top three settings during the data collection period of February 1, 2007 through January 31, 2009: hospital (50%), office/clinic (15%), and long term care (11%). The percentage of RNs who reported employment in the hospital setting declined from 53% to 50%. Percentages for the other healthcare settings, shown below, remained fairly consistent from previous reporting periods.



Time Involved in Direct Patient Care

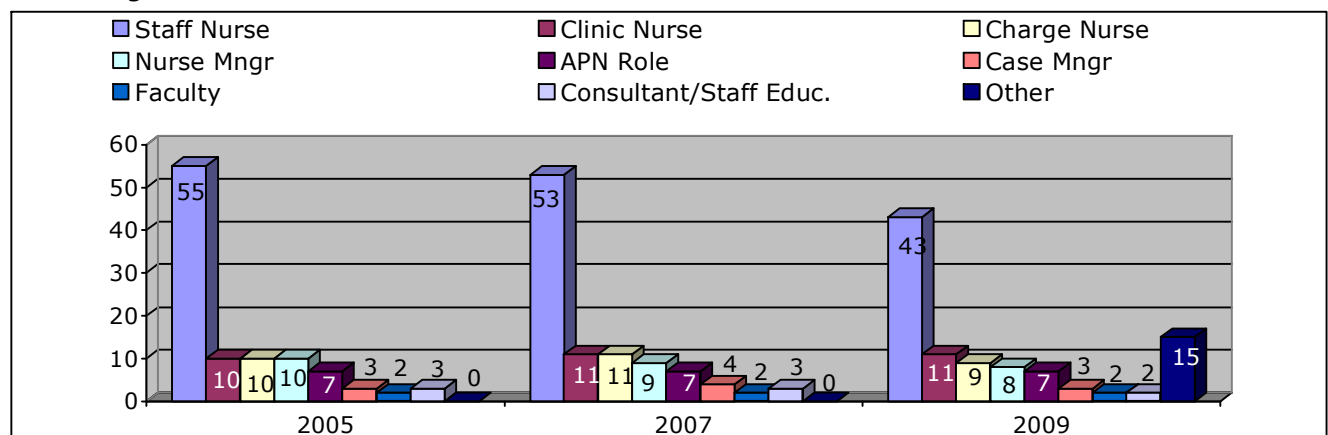
Of those who responded, almost half, 46%, of RNs indicated spending 100% of their time in direct patient care, as compared to 48% in 2007. As illustrated in the figure, most RNs spend time in direct patient care.



Nursing Position

Percentages of the types of positions RNs held remained fairly consistent since the 2002 data as shown below. RNs in staff nurse positions comprised 43% of positions held as compared to 53% in 2007 and 55% in 2005. RNs reported holding the following positions most frequently: clinic nurse (11%), charge nurse (9%), nurse management (8%), and APN roles (7%).

Percentage of RN Positions Held

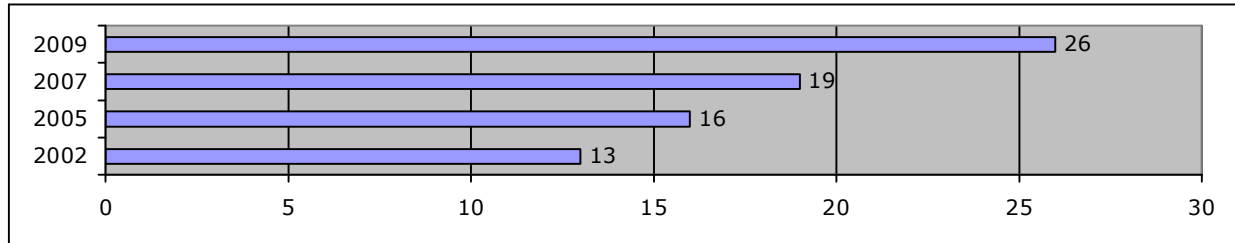


Advanced Practice Nurses

CERTIFIED NURSE MIDWIVES

Licensure Status

As of January 31, 2009 the SDBON reported 26 actively licensed CNMs. Data continued to reflect positive growth in the supply of CNMs with an increase of 7 CNMs, a positive change of 3.7%. The majority of CNMs were white (81%) and female (100%). During the data collection period from January 31, 2007 to February 1, 2009, completed licensure renewal data was submitted by 16 CNMs with their RN renewals.



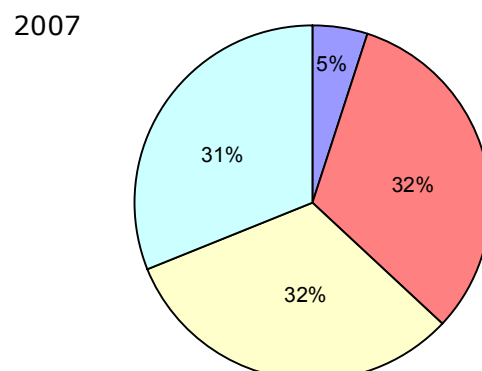
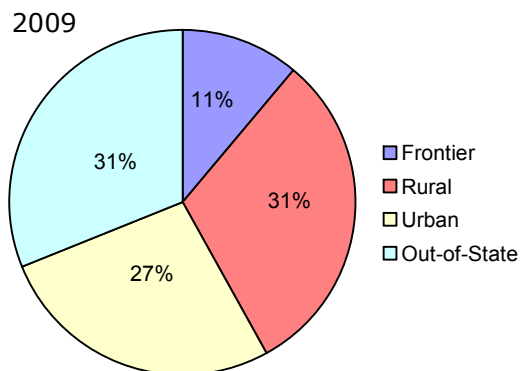
Age

Age distribution of licensed CNMs is shown in the table below. The majority of CNMs in 2009 remained in the 40s and 50s age groups, three of the respondents indicated that they "plan to leave or retire from nursing within the next five years" as compared to 4 in 2007. The average age of a CNM is 51 years old.

Age Range	31-35	36-40	41-45	46-50	51-55	56-60	61-65	>65
2009	2 8%	3 11%	2 8%	3 11%	9 35%	4 15%	2 8%	1 4%
2007	1 5%	2 10%	3 16%	6 32%	2 10%	3 16%	2 10%	-- --
2005	2 12%	3 19%	2 12%	5 31%	1 6%	2 12%	1 6%	-- --

Distribution of CNMs

Percentages of CNMs who resided in SD's frontier, rural, urban counties, and out-of-state remain consistent from previous nursing workforce reports and are shown in the figures below. *The 2008 South Dakota Health Care Professional Workforce Report* defined urban counties as having a population center of 50,000 or more; rural counties as having a population density of more than six persons per square mile but no population centers of 50,000 or more; and frontier areas have a population density of six or fewer persons per square mile.



Distribution of licensed CNMs who resided in SD counties is shown on the map. CNMs who resided outside of SD are not included. (See Appendix A for additional county distribution data).



Urban = 50,000+ population center, Rural = 6+ persons/square mile but no population center of 50,000+, Frontier = >7 persons/square mile.

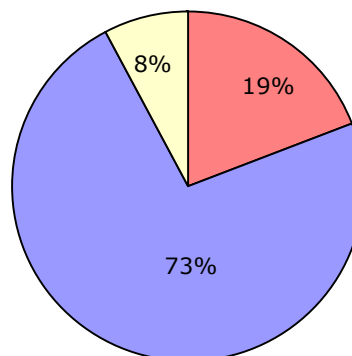
Employment Data

Of the 16 responding CNMs, 12 reported full-time employment and 1 indicated part-time employment; 13 reported employment in a hospital or clinic and 2 as nursing education faculty. The majority of respondents, 14, indicated holding a master's degree in nursing as the highest degree held. Two CNMs reported they are currently enrolled in a program leading to an advanced nursing degree.

Practice Arrangement

Among all CNMs licensed in SD, 73% (19) practice overlapping scope of medical practice, pursuant to SD Codified Law (SDCL) 36-9A-13, and have an approved collaborative agreement on file with the Joint Board of Nursing and Medical and Osteopathic Examiners, or are exempted as employees of the federal government. Two CNMs, 8%, were granted a waiver of the collaborative agreement to attend out-of-hospital births, and five CNMs, 19%, perform only advanced practice nursing functions pursuant to SDCL 36-9A-13.1 and so are not required to have a physician collaborative agreement.

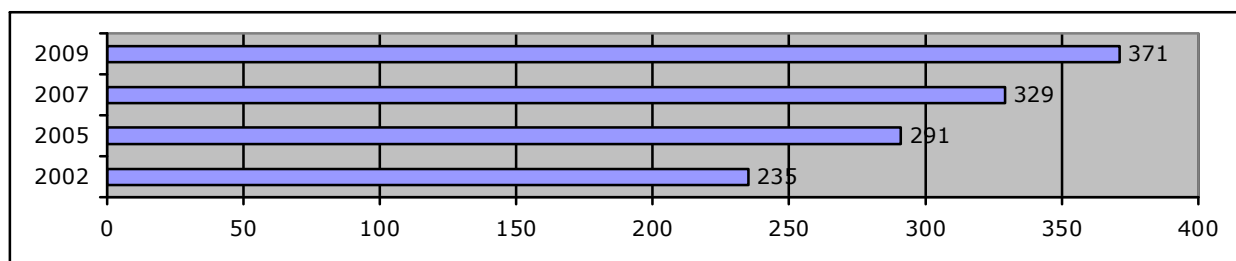
- Perform Advanced Nursing Practice Only - Physician Collaborative Agreement Not Required
- Perform Overlapping Medical Scope - Approved Physician Collaborative Agreement
- Attend Out-of-Hospital Births - Approved Waiver of Physician Collaborative Agreement



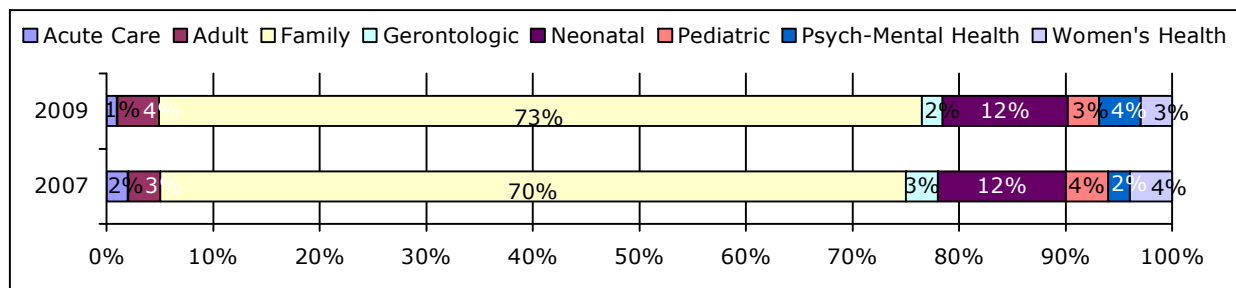
CERTIFIED NURSE PRACTITIONERS

Licensure Status

As of January 31, 2009 the SDBON reported 371 actively licensed CNPs, an increase of 42 CNPs, a positive change in supply of 12.8%. Consistent with previous reports, 94% of CNPs were female and 6% male. During the period from January 31, 2007 to February 1, 2009, completed licensure renewal data was submitted by 286 CNPs with their RN renewals.



SD recognized 8 certification areas for CNP licensure: acute care, adult, family, geriatric, neonatal, pediatric, psychiatric/mental health, and women's health. CNPs may be certified in more than one area and as a result may be counted and included in more than one area.



Race/Ethnic Background

The majority of CNPs in SD are white, and minority nurse populations continue to be under-represented. The following table presents comparisons of ethnic distribution of all SD citizens and licensed CNPs.

	American Indian	Black/African American	White	Other / Unknown	Hispanic/Latino
SD Population	8.2%	1%	87.4%	3.4%	2.1%
SD CNPs	2%	1%	86%	11%	0

Sources: SDBON, 2009; U.S. Census Bureau, 2005-2007 American Community Survey, SD Fact Sheet 2009.

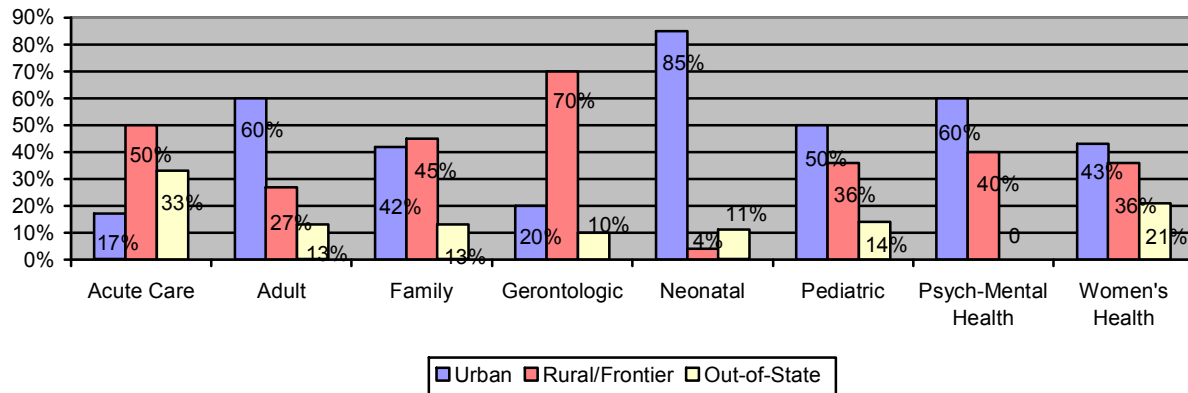
Age

Age distribution of licensed CNPs is shown in the table. Of the 371 licensed CNPs, 27% are 40 years or younger and 17% are 56 years or older; the average age is 47 years old. CNPs who indicated that they "plan to leave or retire from nursing within the next five years" comprised 7% of respondents, as compared to 4% in 2007.

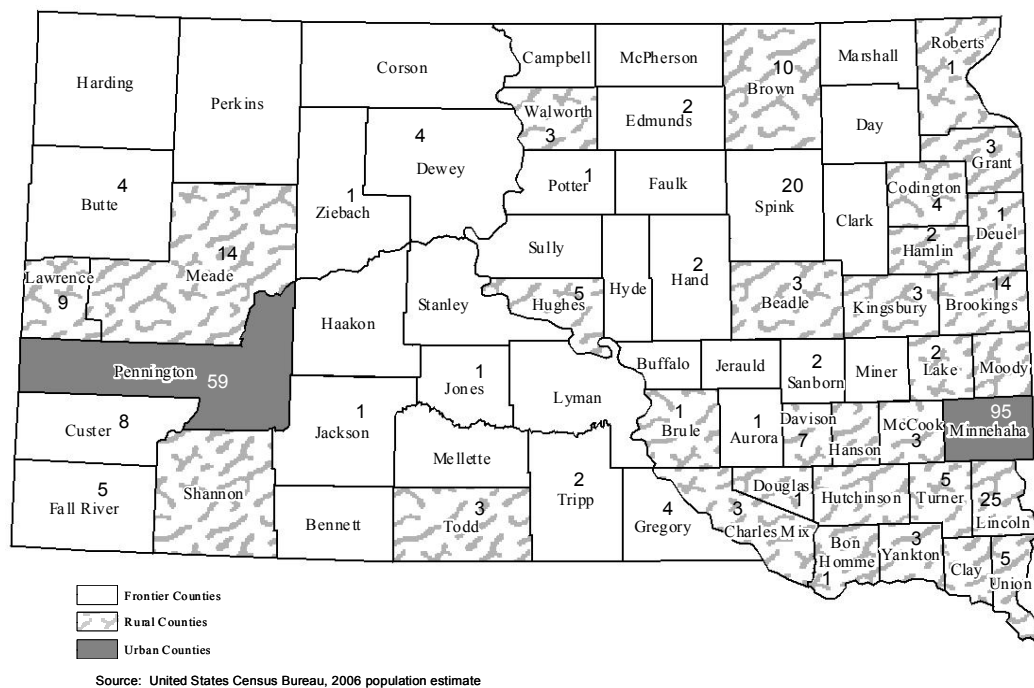
Age Range	<26		26-30		31-35		36-40		41-45	
2009	6	2%	7	2%	43	12%	42	11%	50	13%
2007	--	--	14	4%	43	13%	35	11%	50	15%
2005	--	--	14	5%	28	10%	35	12%	61	22%
	46-50		51-55		56-60		61-65		>65	
2009	78	21%	82	22%	46	12%	13	4%	4	1%
2007	87	26%	64	20%	23	7%	10	3%	3	1%
2005	71	25%	54	19%	13	5%	4	1%	2	1%

Distribution of CNPs

Geographic distribution is shown below for the eight types of CNPs who resided in urban, rural, frontier counties, and out of state. *The 2008 South Dakota Health Care Professional Workforce Report* defined urban counties as having a population center of 50,000 or more; rural counties as having a population density of more than six persons per square mile but no population centers of 50,000 or more; and frontier areas have a population density of six or fewer persons per square mile.



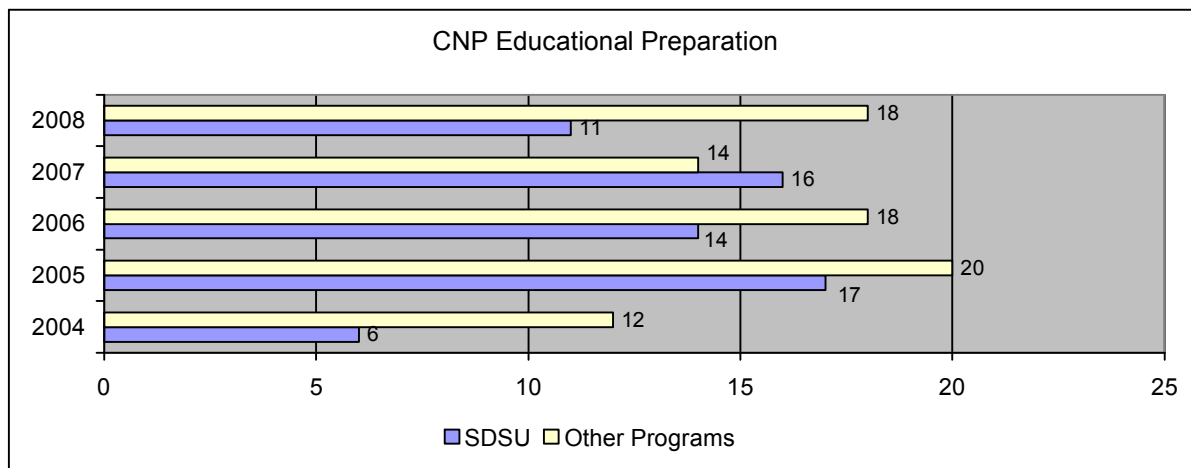
Distribution of CNPs who resided in SD counties is shown on the map; those who resided outside of SD are not included. (See Appendix A for additional county distribution data).



Urban = 50,000+ population center, Rural = 6+ persons/square mile but no population center of 50,000+, Frontier = >7 persons/square mile.

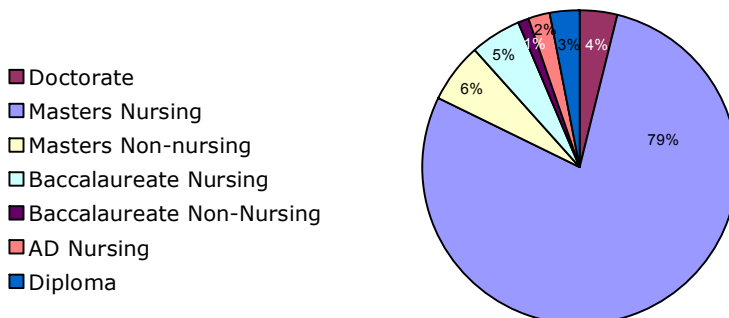
Educational Preparation

SD has one nurse practitioner education program, SD State University (SDSU). The figure below shows the number of new graduate CNPs licensed into SD from SDSU or from an out-of-state program.



Highest Educational Preparation

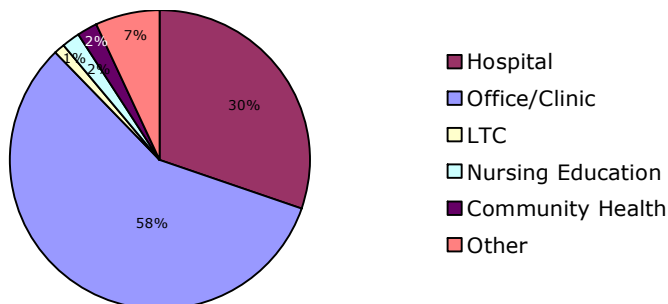
As shown in the figure below, the majority of CNPs hold a master's degree in nursing (79%) as the highest degree held, 6% hold a non-nursing master's degree, 4% a doctorate degree, and 13% hold a baccalaureate degree, associate degree, or nursing diploma. Over 5% responded that they are currently enrolled in a program leading to an advanced degree.



Employment Data

The majority of CNPs, 77%, indicated that they work full-time and 16% part-time. Ninety-five percent responded that they practice in the role of the CNP. Most, 86%, reported that they spend 75-100% of their time involved in direct patient care, 10% spend 25-50% of their time in direct care, while only 3% reported no direct patient care.

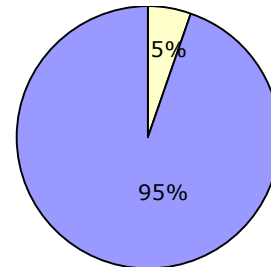
The majority practiced in an office/clinic, 58%, or hospital, 30%. Four CNPs responded that they hold nursing management positions and 2 reported working in the role of nursing education faculty.



Practice Arrangement

Among CNPs licensed in SD, 95% (351) practice overlapping scope of medical practice pursuant to SDCL 36-9A-12 and have an approved collaborative agreement on file with the Joint Board of Nursing and Medical and Osteopathic Examiners, or are exempted as an employee of the federal government. The remaining 5% (20) perform only advanced practice nursing functions pursuant to SDCL 36-9A-13.1 and so do not require a physician collaborative agreement.

- Perform Advanced Nursing Practice Only
- Physician Collaborative Agreement Not Required
- Perform Overlapping Medical Scope -
Physician Collaborative Agreement Approved

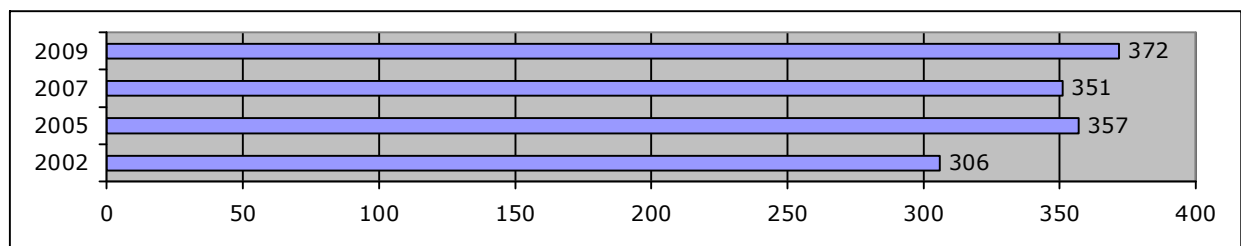


CERTIFIED REGISTERED NURSE ANESTHETIST

Licensure Status

As of January 31, 2009 the SDBON reported 372 actively licensed CRNAs. Data reflected growth in the supply of CRNAs from 2007 to 2009 with an increase of 21 CRNAs, a positive change of 6%. Consistent with previous workforce reports, 66% of CRNAs are male and 34% female.

Completed licensure renewal data was submitted by 282 CRNAs with their RN renewals from February 1, 2007 to January 31, 2009.



Race/Ethnic Background

The majority of CRNAs in SD were white; minority nurse populations continued to be under-represented. The table below presents comparisons of ethnic distribution of all SD citizens and licensed CRNAs.

	American Indian	Black/African American	White	Other / Unknown	Hispanic/Latino
SD Population	8.2%	1%	87.4%	3.4%	2.1%
SD CRNAs	0%	1%	82%	17%	0

Sources: SDBON, 2009; U.S. Census Bureau, 2005-2007 American Community Survey, SD Fact Sheet 2009.

Age

Age distribution of CRNAs is shown in the table below. CRNAs 40 years old and younger comprised 47% of the population in 2009 compared to 26% in 2007. CRNAs 56+ years old comprised 28%. The average age of a CRNA is 44 years old. Over 15% of CRNAs indicated that they "plan to leave or retire from nursing within the next five years".

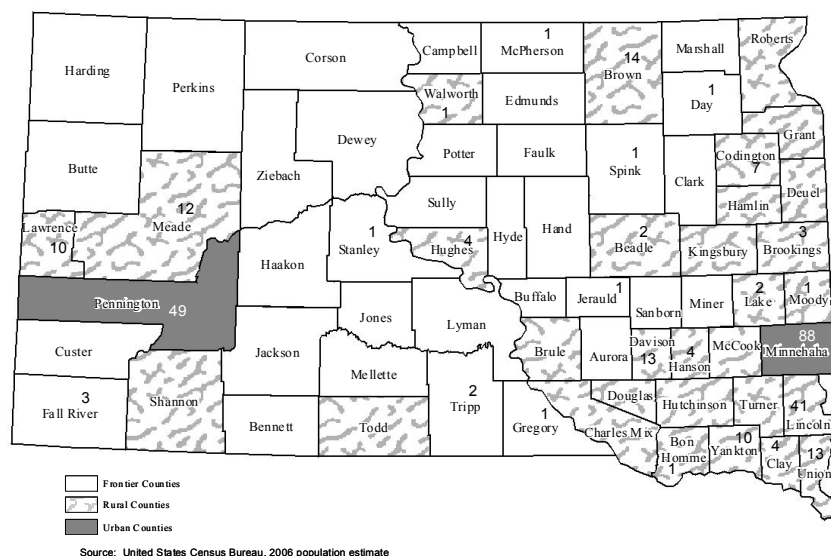
Age Range	<26		26-30		31-35		36-40		41-45	
2009	52	14%	66	18%	26	7%	28	8%	20	5%
2007	--	--	8	2%	38	11%	47	13%	42	12%
2005	--	--	10	3%	44	13%	39	12%	38	11%
	46-50		51-55		56-60		61-65		>65	
2009	27	7%	46	12%	61	16%	31	8%	15	4%
2007	54	15%	58	17%	60	17%	37	11%	7	2%
2005	56	17%	79	23%	41	12%	27	8%	3	1%

Distribution of CRNAs

Percentages of CRNAs who resided in SD's frontier, rural, urban counties, and out-of-state are shown below. CRNAs that resided out-of-state have increased by 19% since 2007 and those who resided in urban and rural counties have decreased. *The 2008 South Dakota Health Care Professional Workforce Report* defined urban counties as having a population center of 50,000 or more; rural counties as having a population density of more than six persons per square mile but no population centers of 50,000 or more; and frontier areas have a population density of six or fewer persons per square mile.



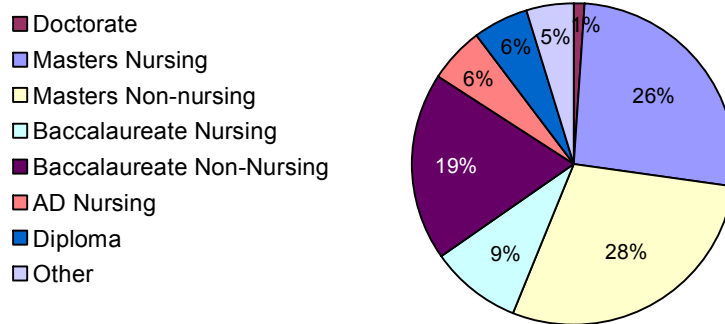
Distribution of CRNAs who resided in SD counties is shown on the map; those who resided outside of SD are not included. (See Appendix A for additional county distribution data).



Urban = 50,000+ population center, Rural = 6+ persons/square mile but no population center of 50,000+, Frontier = >7 persons/square mile.

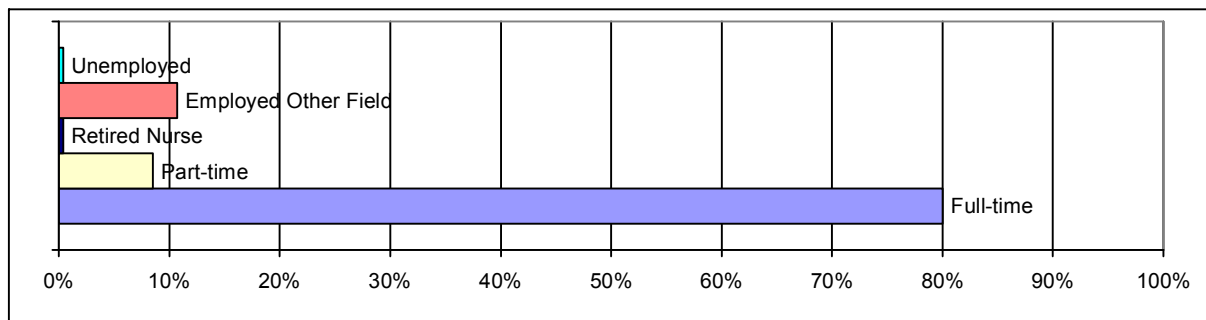
Highest Educational Preparation

As shown in the figure below the majority, 54%, of CRNAs hold a master's degree in nursing or a non-nursing master's degree as the highest degree held. Only 1% hold a doctorate degree, 28% a baccalaureate degree, and 12% an associate degree or nursing diploma. Only 2% responded that they are currently enrolled in a program leading to an advanced nursing degree.



Employment Data

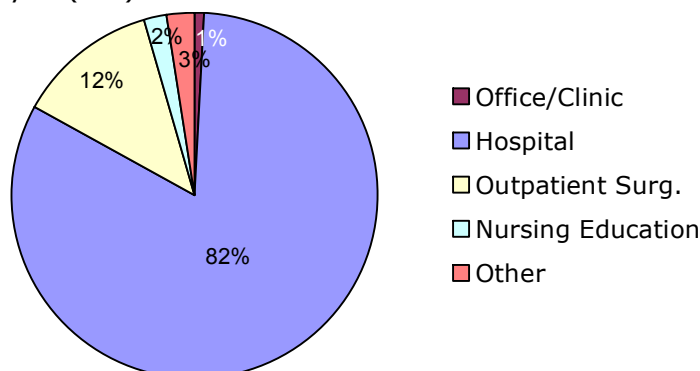
As shown in the figure below, the majority of CRNAs indicated that they work full-time, 80%, or part-time, 9%, as a nurse.



Places of Employment

Most CRNAs, 98%, responded that they practice in the role of the CRNA; only 2% hold positions in nurse management, nursing education, or consulting. Almost all, 96%, indicated that the majority of their time (75-100%) is spent in direct patient care.

The majority of CRNAs were employed in the following settings during the data collection period of February 1, 2007 through January 31, 2009: hospital (78%), outpatient surgical (12%), and self-employed (5%).

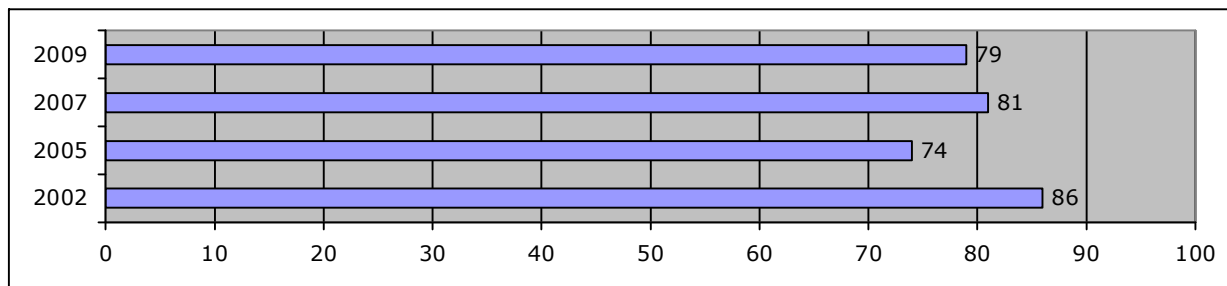


CLINICAL NURSE SPECIALISTS

Licensure Status

As of January 31, 2009 the SDBON reported 79 actively licensed CNSs. Data reflected a decrease in the supply from January 31, 2007 to February 1, 2009 with a negative change of 2.5%. Consistent with previous workforce reports, 97% of CNSs are female and 3% male. The majority, 90%, were white and 3% American Indian.

Completed licensure renewal data was submitted by 69 CNSs with their RN renewals from February 1, 2007 to January 31, 2009.



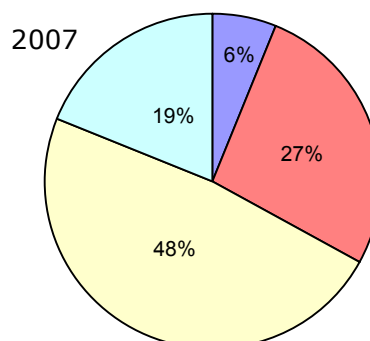
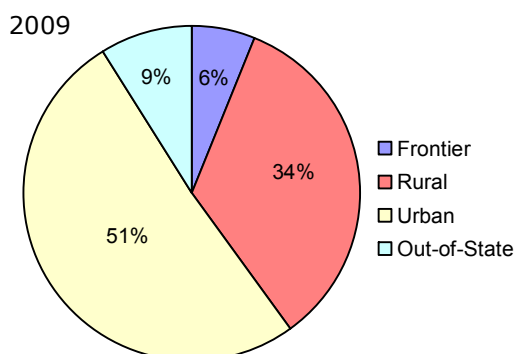
Age

Age distribution of CNSs is shown in the table below. Of the 79 licensed CNSs, 44% were 51 years or older; the average age was 51 years old. Nearly 12% indicated that they "plan to leave or retire from nursing within the next five years".

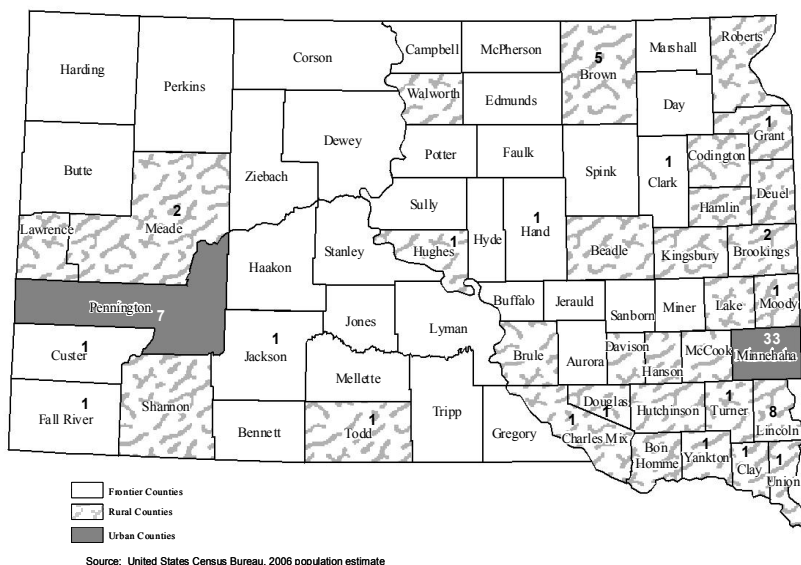
Age Range	<26		26-30		31-35		36-40		41-45	
2009	--	--	--	--	--	--	3	4%	16	20%
2007	--	--	--	--	--	--	4	5%	9	11%
2005	--	--	--	--	3	4%	3	4%	16	22%
	46-50		51-55		56-60		61-65		>65	
2009	25	32%	18	23%	10	13%	5	6%	2	2%
2007	31	38%	18	22%	11	14%	6	7%	2	3%
2005	25	35%	13	18%	8	11%	4	6%	--	--

Distribution of CNSs

Percentages of CNSs who resided in SD's frontier, rural, urban counties, and out-of-state are shown in the figures below. CNSs who resided out-of-state have decreased by 10% since 2007 and those who resided in SD's rural counties increased by 7%. *The 2008 South Dakota Health Care Professional Workforce Report* defined urban counties as having a population center of 50,000 or more; rural counties as having a population density of more than six persons per square mile but no population centers of 50,000 or more; and frontier areas have a population density of six or fewer persons per square mile.



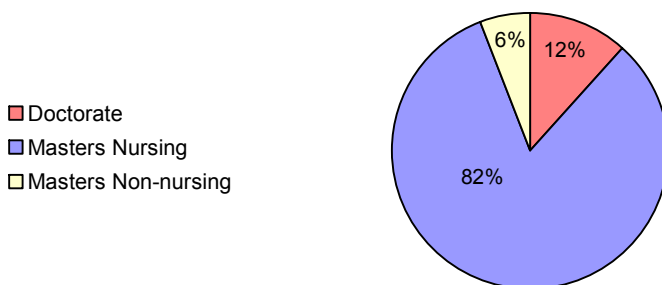
Distribution of CNSs who resided in SD counties is shown on the map; those who resided outside of SD are not included. (See Appendix A for additional county distribution data).



Urban = 50,000+ population center, Rural = 6+ persons/square mile but no population center of 50,000+, Frontier = >7 persons/square mile.

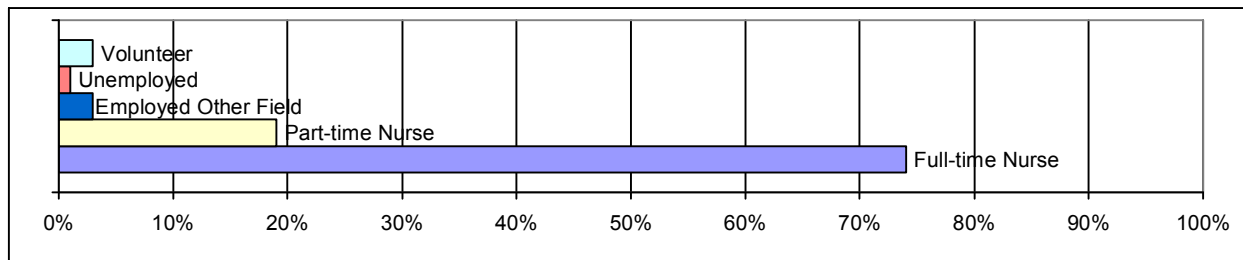
Highest Educational Preparation

As shown in the figure below the majority, 88%, held a master's degree in nursing or a non-nursing master's degree as the highest educational preparation. The remaining 12% hold a doctorate degree. Seven percent of respondents indicated that they are currently enrolled in a program leading to an advanced nursing degree.



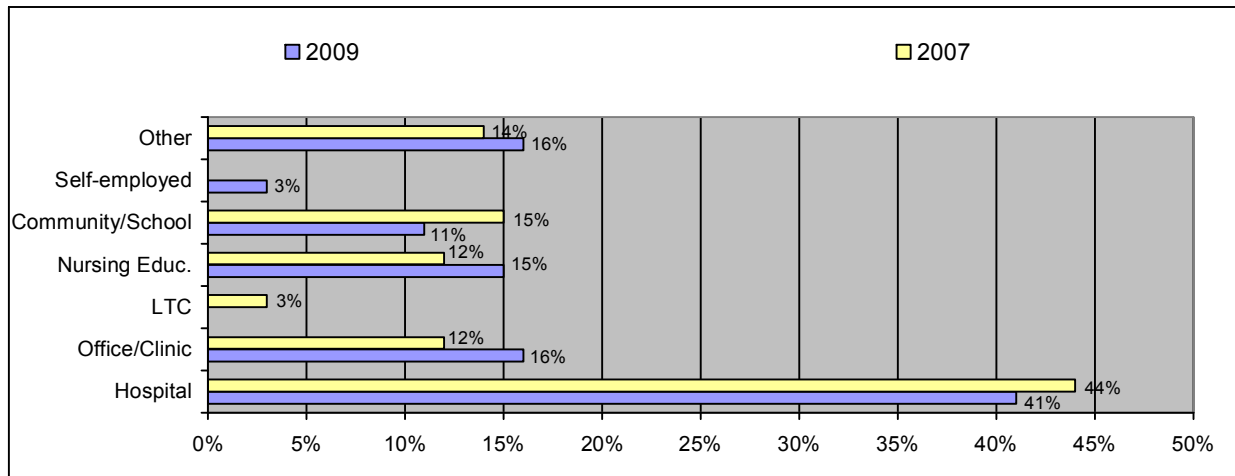
Employment Data

Most CNSs indicated they work as a nurse full-time, 74%, or part-time, 19%.



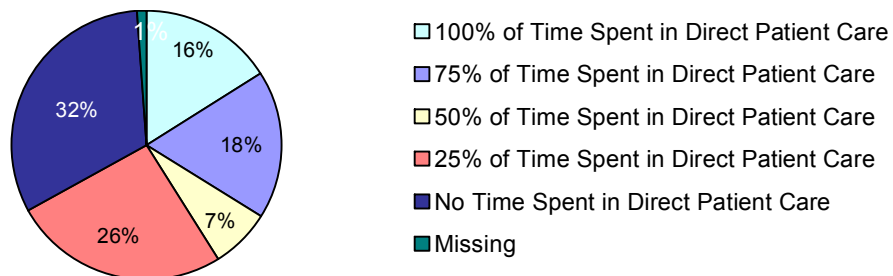
Places of Employment

CNSs were employed in a variety of locations during the data collection period of February 1, 2007 though January 31, 2009 as shown in the figure below. Most were employed in hospitals (41%), office/clinics (16%), nursing education programs (15%), and community health/school settings (11%). CNSs employed in an office/clinic have increased slightly since 2007 while those employed in hospitals decreased slightly.



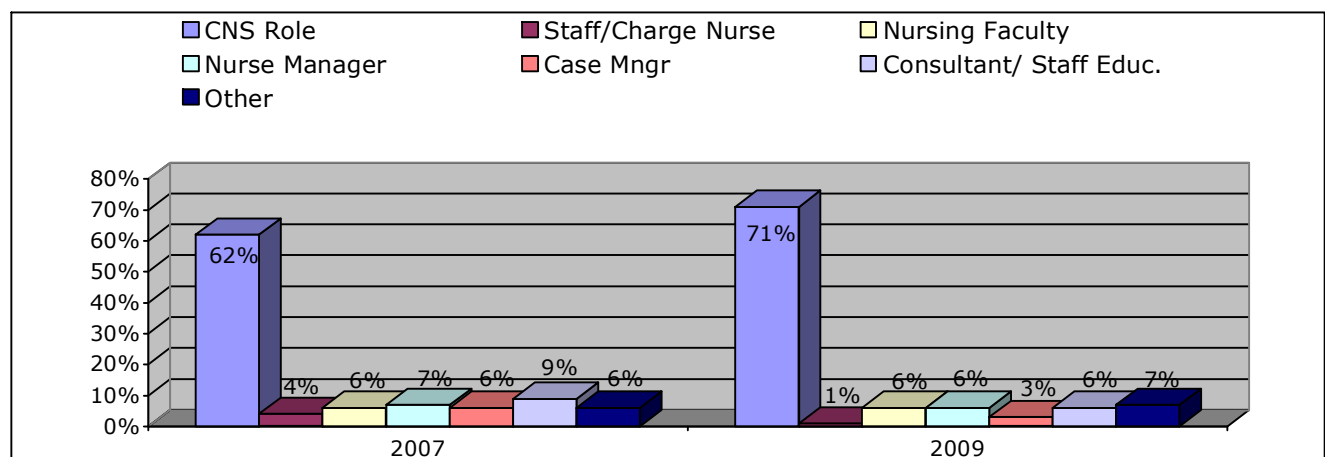
Time Involved in Direct Patient Care

As illustrated in the figure, most CNSs spend time in direct patient care.



Nursing Position

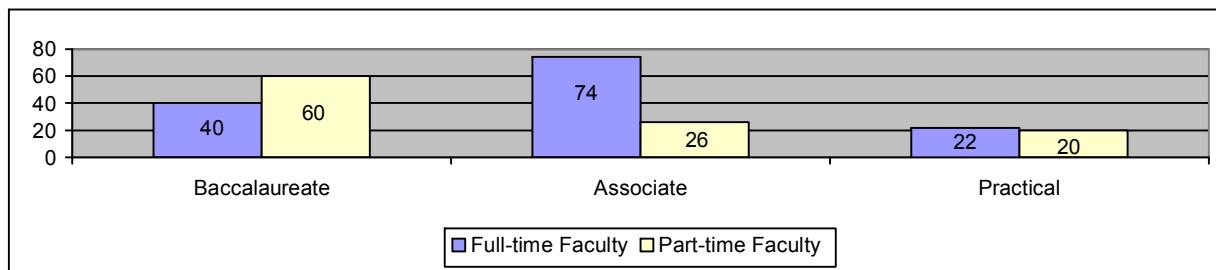
Percentages of the types of positions CNSs held during the data collection period of February 1, 2007 though January 31, 2009 is shown below. The majority of CNSs reported working in the role of a CNS.



Nursing Education Faculty

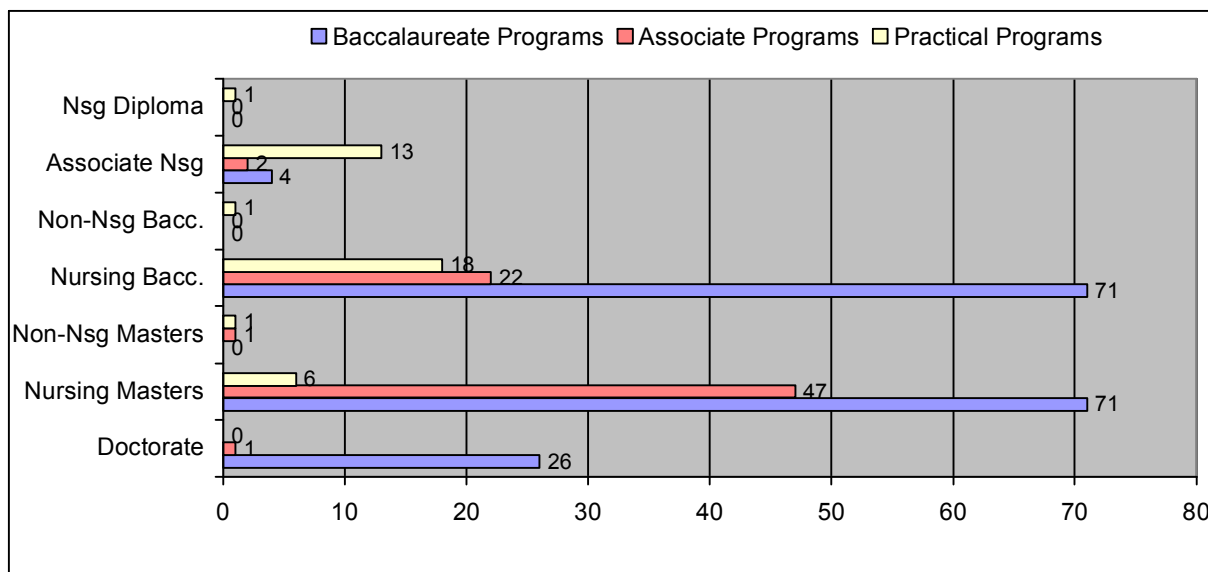
According to the *SDBON 2008 Annual Report of Nursing Education Programs*, SD had approximately 295 faculty members employed in SD's 15 nursing programs in 2008, an increase of 45 faculty members and one nursing program since 2006. SD had three types of nursing education programs, baccalaureate degree, associate degree, and practical nursing. The numbers regarding faculty are approximate because some faculty were shared between programs.

The figure below illustrates the total number of faculty members in each program type and by employment status in 2008.



HIGHEST EDUCATIONAL PREPARATION

As shown below, the majority of nursing faculty held a master's degree in nursing or a non-nursing master's degree as their highest degree. Baccalaureate nursing programs employed the majority of doctoral prepared faculty. Of the faculty, 11% indicated that they are currently enrolled in a program leading to an advanced nursing degree.

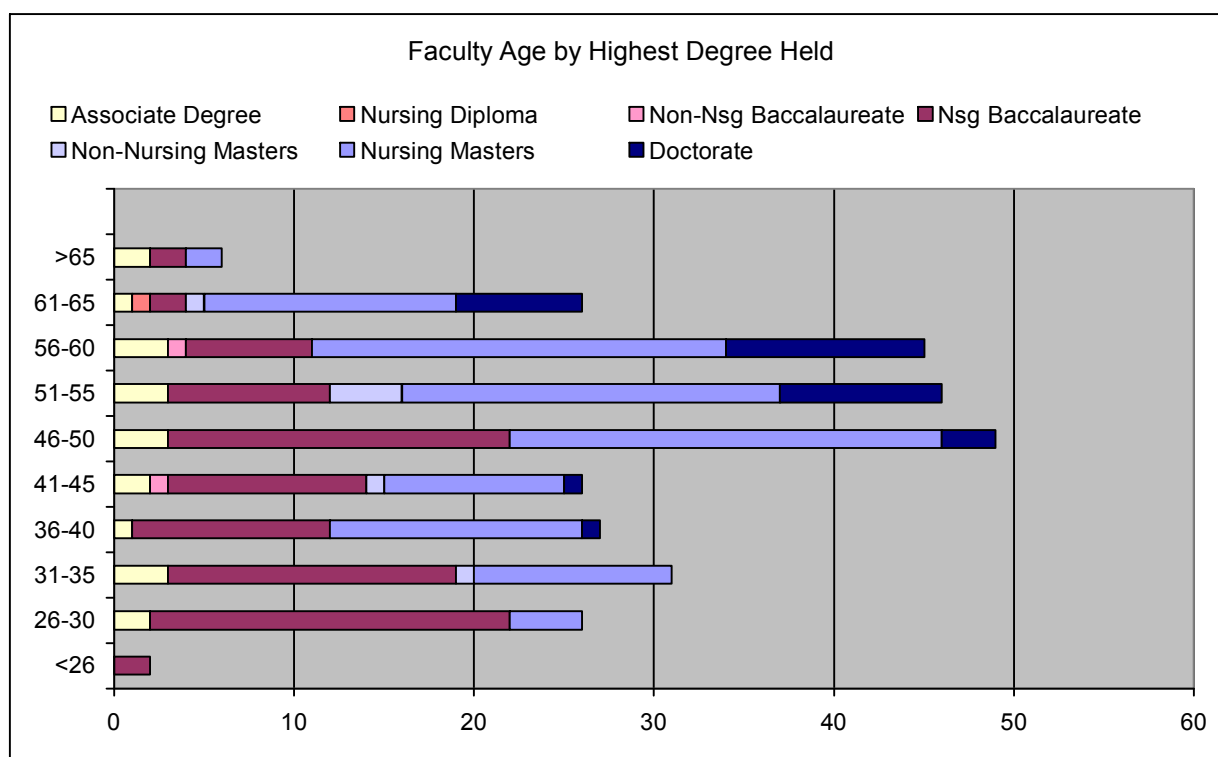


AGE

Age distribution of faculty members is shown in the table below, 42% were over 50 years old.

Age Range	<26	26-30	31-35	36-40	41-45
	2 1%	27 9%	33 11%	27 9%	27 9%
Age Range	46-50	51-55	56-60	61-65	>65
	53 18%	43 15%	45 16%	25 9%	6 2%

The figure below depicts faculty age by the highest degree held. The majority of faculty members who hold a doctorate degree are over 50 years old.



Source: SDBON 2008 Annual Report of Nursing Education Programs

Demand for Nurses in South Dakota

FTE STATUS

An important aspect of measuring nursing supply is assessing how many licensed nurses are working or available to the nursing workforce. Nurses responded as working either full-time (FT) or part-time (PT); nearly 70% of RNs and 68% of LPNs reported working full-time in nursing and 23% of RNs and almost 22% of LPNs reported working part-time. This data was used to formulate full-time equivalency (FTE) status for actively licensed nurses. As noted in the table, there are an estimated 10,261 RN FTEs and 1,765 LPN FTEs available.

Estimated RN and LPN FTEs			
	Percentage FT (1.0) Responses	Percentage PT (0.5) Responses	Total Available FTEs
RN	69.6%	23.2% / 0.5	12,636 (69.6%) + 12,636 (23.2%) / 0.5 = Total 8,795 + 1,466 = 10,261 Total FTEs
LPN	67.7%	21.9% / 0.5	2,243 (67.7%) + 2,243 (21.9%) / 0.5 = Total 1,519 + 246 = 1,765 Total FTEs

The following tables display the number of FTEs employed during the data collection period of February 1, 2007 through January 31, 2009 for the top three employers of nurses in SD. Information presented includes the percentage of nurses employed in hospitals, long term care, and clinics/office settings and the estimated total RN and LPN FTEs.

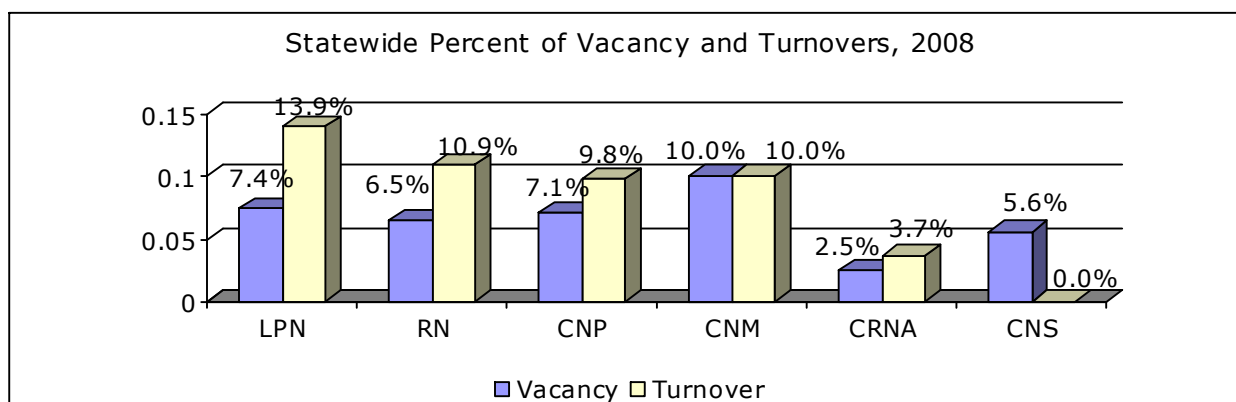
2009 Estimated FTE Ratios for Hospitals			
	% Employed	X FTEs	= FTEs Employed
RNs	50%	10,261	5,131
LPNs	16%	1,765	282
2009 Estimated FTE Ratios for Long Term Care / Nursing Facilities			
	% Employed	X FTEs	= FTEs Employed
RNs	11%	10,261	1,129
LPNs	30%	1,765	530
2009 Estimated FTE Ratios for Clinics/Offices			
	% Employed	X FTEs	= FTEs Employed
RNs	15%	10,261	1,539
LPNs	33%	1,765	582

VACANCY AND TURNOVER RATES

Demand for nurses is reported annually in the *2008 South Dakota Health Care Professional Workforce Report*. The report identifies vacancy and turnover rates of health care professionals. Information in the report was obtained through a survey provided to all DOH registered, licensed, and or Medicare/Medicaid certified health care facilities in SD, as well as clinics, community health, dental offices, federally qualified health care centers, eye clinics, pharmacies, and correctional health facilities. A response rate of 76.7% was obtained.

The figure below illustrates vacancy and turnover in 2008. Vacancy is defined in the report as "a budgeted position not currently filled." The percent of vacancy rates (budgeted positions divided by current filled total budgeted positions) provides an understanding of how easy or difficult it is for a facility to recruit nurses. Turnover is defined as "the number of employees who left a facility during the fiscal year. It does not include the number of employees who were promoted or transferred within a facility." Percent of turnover was calculated by the "turnover for the facility's fiscal year divided by current total budgeted positions."

According to the survey report, RNs were among the hardest-to-fill positions for 11.5% of responding facilities. Facilities in rural/frontier areas had more difficulty than urban facilities to fill RN positions. However, both rural/frontier and urban facilities cited a lack of applicants as the number one reason. Rural/frontier facilities also had more RN vacancies, 8.7%, compared to urban facilities, 4.5%.



PROJECTED RN DEMAND

The United States Bureau of Labor Statistics (2008) projects employment of RNs to grow 23% in the U.S. from 2006-2016. This growth in nursing demand will be the result of increases in the number of older people requiring services, an emphasis on preventative services, and technological advancements that will allow a greater number of health

conditions to be treated. Growth demands for RNs are projected to be the greatest in physician offices/clinics, home health care services, and outpatient care centers as more sophisticated procedures are performed in the clinic and outpatient settings. In spite of the fact that the intensity of nursing services in hospitals will increase and require more nurses per patient, RN employment is expected to grow more slowly as the length of patient stays decrease and more treatments are performed outpatient. RNs prepared as advanced practice nurses will also be in demand in medically underserved areas such as rural SD.

The projection formula used by the Center for Nursing Workforce to calculate the number of nurses SD needs to produce to adequately meet SD's future nursing needs was developed by the SD Department of Labor (DOL), SD Board of Regents (BOR), and the SDBON through the Colleagues in Caring (CIC) project. The formula uses projections from the SD DOL's Labor Market Information Center (DOL, LMIC) to forecast the number of RN FTEs SD needs annually. The LMIC estimates the numbers of SD jobs in occupations and projects the numbers of jobs ten years into the future. They use forecasting software that utilizes a variety of mathematical models, including regression analyses, to produce a projected employment estimate. Their process takes into account state relationships to national factors such as population and economic influences. The latest LMIC projections are for the period of 2006 – 2016; during this period they project the number of RNs (FTEs) needed to grow an average of 274 nurses per year from 9,705 in 2006 to 12,440 in 2016. This growth amounts to an increase of 2,735 RNs, a 28.2% increase. As displayed in the table below, the LMIC forecast shows a need for 434 RNs; 274 RNs for growth and 160 RNs to replace those leaving or retiring from the nursing workforce. Since the demand forecasts are based on national age distribution, the forecast was adjusted by the SD Center for Nursing Workforce (CNW) to account for higher retirements of SD's diploma RNs at 67 per year. After adjustments, the total average annual demand forecast used in the CNW RN projection formula is 501 (274+160+67).

Average Annual Demand

Additional Average FTEs Needed Due to Job Growth	Additional Average FTEs Needed Due to Replacement	*Adjustment for Diploma RN Retirements	Total Average Annual Demand
274	160	67	501

Sources: South Dakota Department of Labor, Labor Market Information Center, Menu for Projections: <http://www.state.sd.us/dol/lmic/menuprojections.htm>; *SD BON Licensure Database Reports

The formula then takes into account the number of RN graduates that licensed into SD by examination. This number includes graduates produced in-state, out-of-state, and those that took the examination more than once. Based on previous data, the number of new graduates produced in SD has to be larger than the average annual demand. Since only 75.7% (3-year average) of graduates became licensed as RNs in SD from 2006-2008, the demand numbers need to be increased by that factor, as shown in the tables below.

Licenses Issued by Examination

Year	Total New RN Graduates Produced in SD	SD RN Licenses Issued by Examination Total
2006	648	453 (69.9%)
2007	703	521 (74.1%)
2008	714	593 (83.1%)
3-Year Average	688	522 (75.7%)

Source: 2006–2008 SD BON Licensure Database Reports

Next the projection formula takes into account the percentage of RNs available to meet employer demand; employment data revealed that 69.6% of RNs reported that they were actively employed full-time (FT) in nursing and 23.2% reported part-time (PT).

Projected Annual Need Considering New Licenses Issued & Percent of Employment

Year	Projected Annual Need	Licenses Issued by Exam x FT (69.6%)	Licenses Issued by Exam x PT (23.2%)	Total % of Need Met: FT + PT	Total New RNs to Reach Need
2006	501	315	53	368 (73.4%)	133
2007	501	363	60	423 (84.4%)	78
2008	501	413	69	482 (96.1%)	19
3-Year Average	501	364	61	424 (84.7%)	77

Source: SD BON Licensure Data, 2009, page 15 of this report.

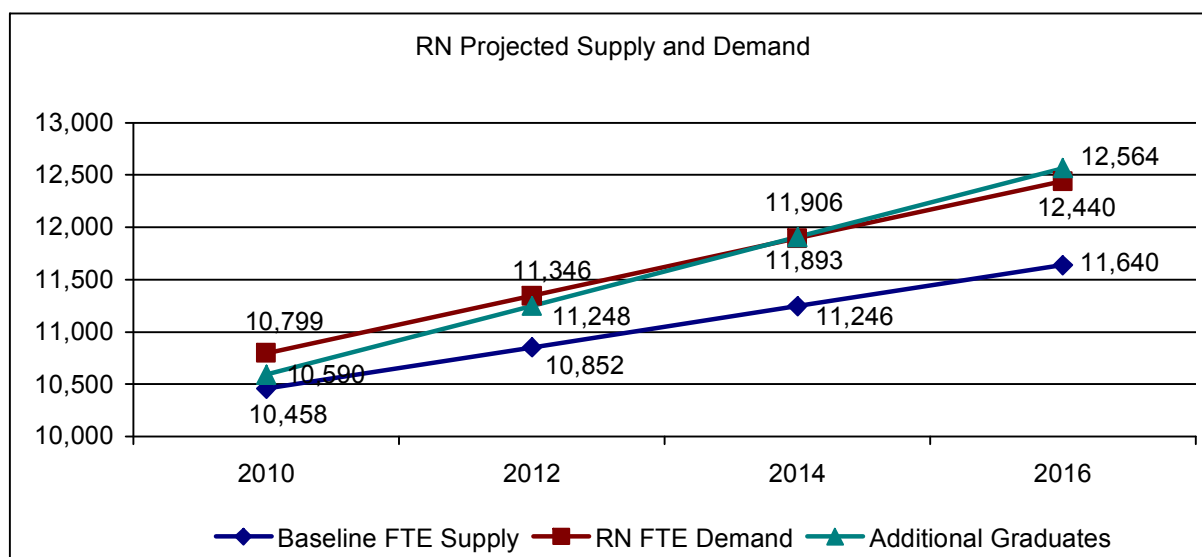
Considering only new graduates for licensure, the estimated number needed to reach the projected annual need at the current licensure rate and employment percentage is 101.

Year	Total New RNs to Reach Need	Divided by % of New SD Graduates Licensed in SD	Equals the Estimated Increase in SD Graduates to Meet Need
3-Year Average	77	75.7%	101

Since SD's nursing programs currently produce an average (2006 – 2008) of 688 RN graduates and the formula projects that SD needs to produce an average of 101 more graduates per year to meet the demand, the total number of new RN graduates to reach the projected need at the current licensure rate and employment percentage is 789 as identified in the table below.

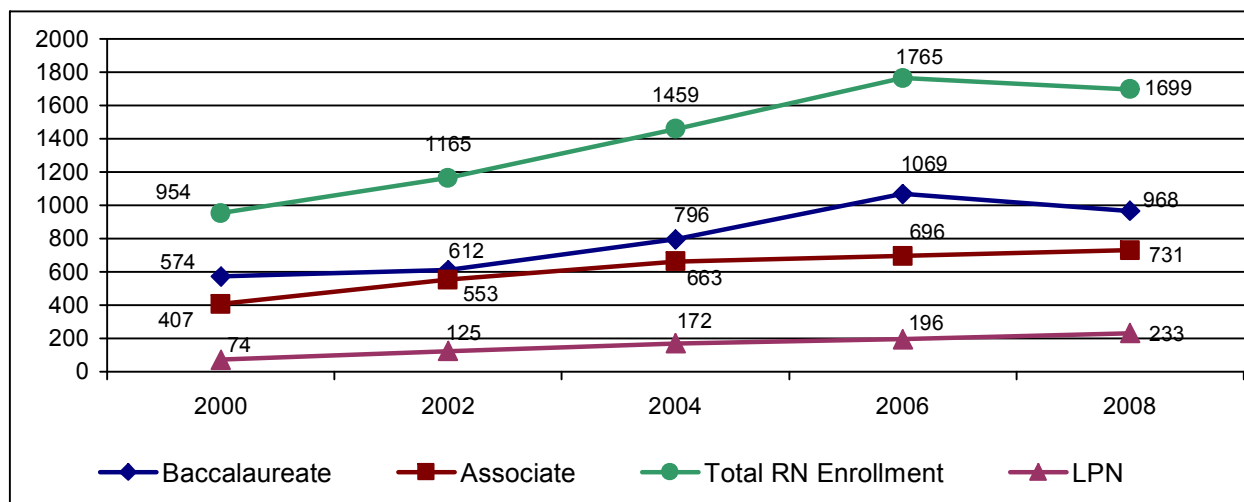
Year	Total New RN Graduates Produced in SD	Plus Estimated Increase in Graduates to Meet Need	Equals Estimated New SD Graduates Needed
3-Year Average	688	101	789

The figure below displays SD RN FTE supply and demand projections from 2010 through 2016 using the DOL LMIC estimates and assuming all licensing dynamics remain the same.

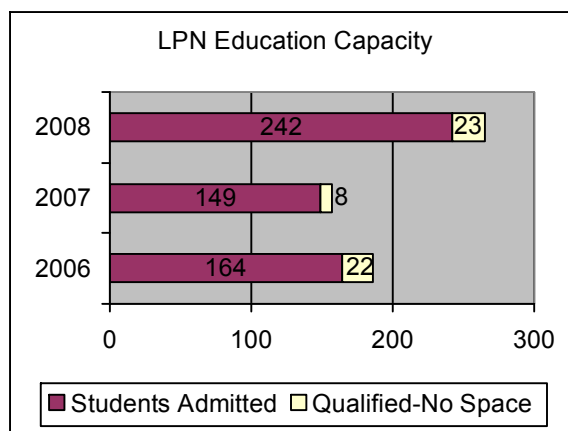
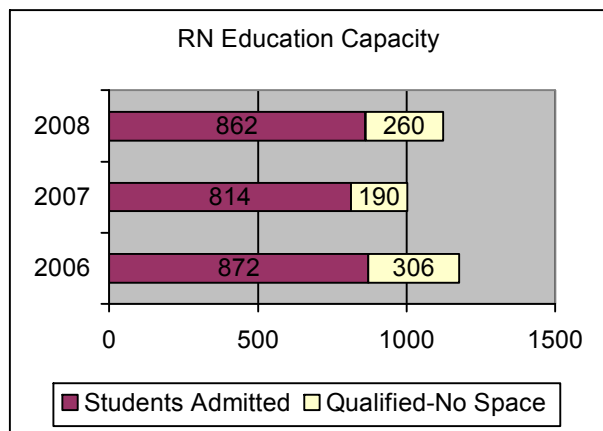


NURSING PIPELINE

In response to the projected nursing shortage, SD nursing leaders initiated measures to prepare more nurses. Legislation was passed in 2001 which provided funds for nursing scholarships and allowed nursing programs to increase student capacity. The figure below shows student enrollment since 2000.



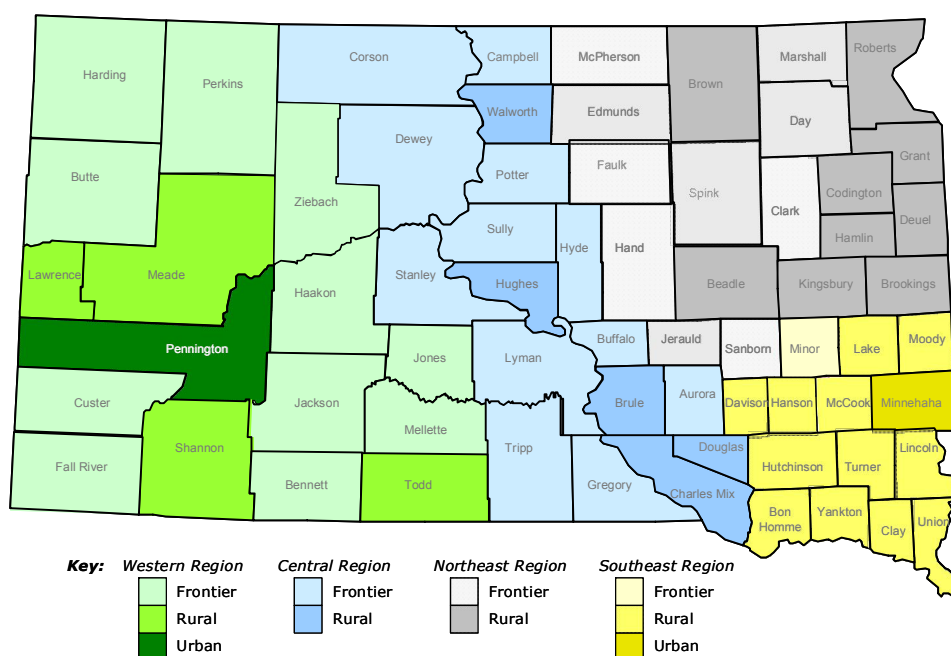
As shown below, many students chose nursing, however, constraints existed in SD's nursing programs which prevented qualified students from enrolling. RN program capacity was 940 in 2008; potentially 1,122 students could have been admitted rather than only 862 had all qualified students been admitted.



Source: SD BON Annual Report of Nursing Education Programs, 2006-2008.

Appendix A – Regional Data

Regional nursing workforce data is presented for SD's four regions: western, central, northeast, and southeast. The number of licensed nurses who resided in each region was based on licensure data from the SDBON as of January 31, 2009. State and county population estimates were based on data from the US Census Bureau's 2008 Population Estimates.



Urban = 50,000+ population center, Rural = 6+ persons/square mile but no population center of 50,000+, Frontier = >7 persons/square mile.

STATE NURSE RATIOS

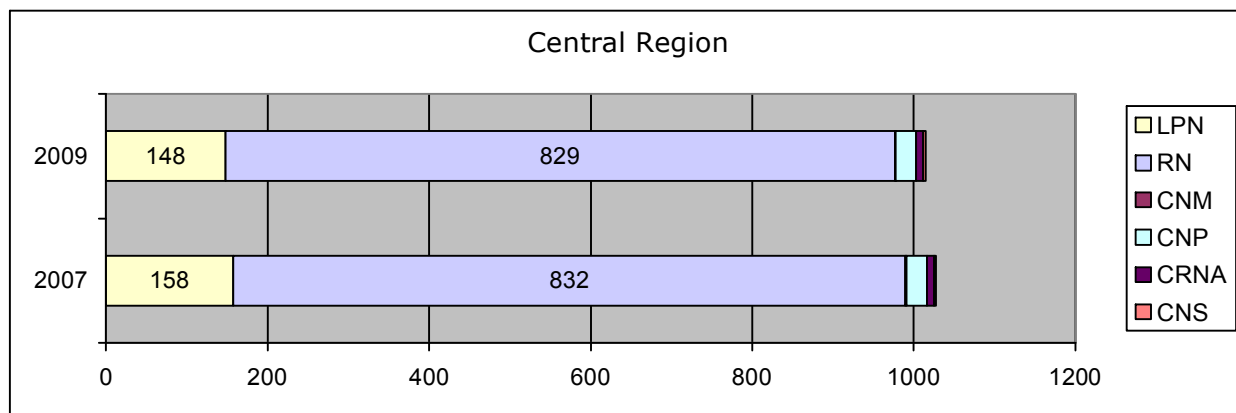
The 2008 population estimate for SD is 804,194. The ratios of nurses in the state per 100,000 population is presented in the table; the ratios compare nursing distribution in SD to the U.S. national average and among the regions in the state. The limitations with comparing nursing distributions across regions are the assumptions that citizens will receive nursing services in the region where they reside and that the same types of health care services are available in all regions. Therefore, distributions of nurses needed in a region may be more or less than the national average, depending on the needs of that region.

2009	LPN	RN	CNM	CNP	CRNA	CNS
National Average*	211	848	--	--	--	--
State Average	279	1,571	3	46	46	10
Central SD	193	1,082	1	33	12	4
Northeast SD	295	1,152	1	27	17	6
Southeast SD	262	1,780	2	43	52	14
Western SD	281	1,250	4	50	35	6

*Sources: U.S. Department of Health and Human Services, Health Resources and Services Administration. *Toward a Method for Identifying Facilities and Communities with Shortages of Nurses*, February, 2007; Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions. *Supply, Demand, and Use of Licensed Practical Nurses* (November 2004).

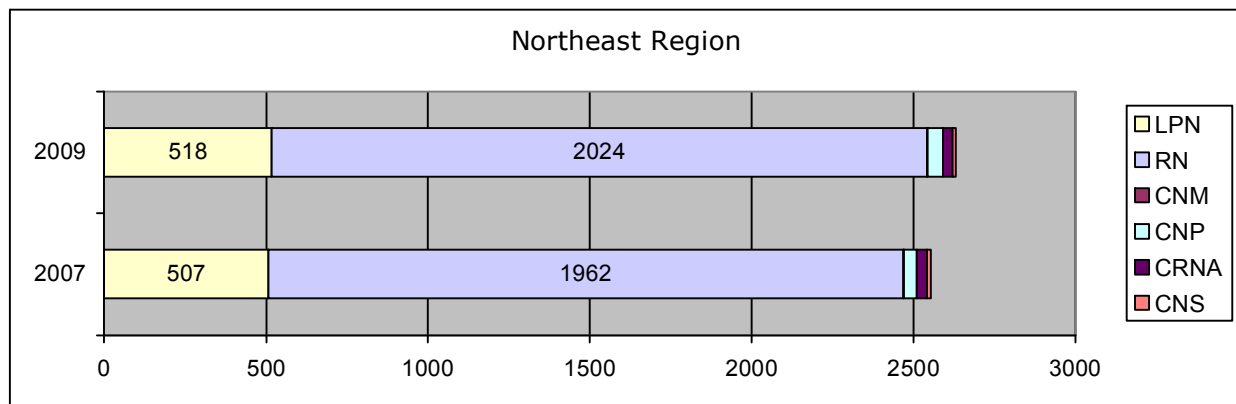
CENTRAL REGION

The Central Region is comprised of the following seventeen counties: Aurora, Buffalo, Brule, Campbell, Charles Mix, Corson, Dewey, Douglas, Gregory, Hughes, Hyde, Lyman, Potter, Stanley, Sully, Tripp, and Walworth. The estimated population of the Central Region for 2008 was 76,650. Persons who resided in the area comprised about 10% of the state's population. As displayed in the figure below, in 2009 this region had 148 LPNs, 829 RNs, 1 CNM, 25 CNPs, 9 CRNAs, and 3 CNSs.



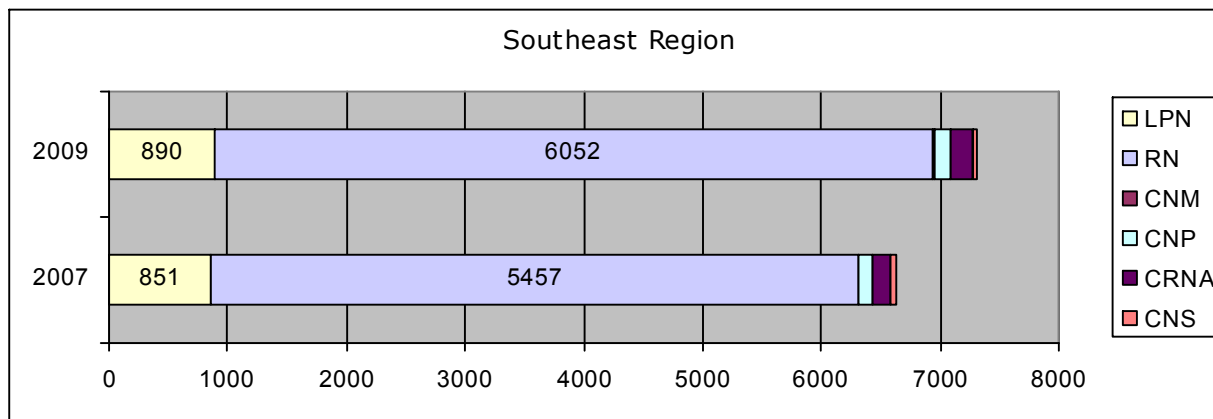
NORTHEAST REGION

The Northeast Region is comprised of the following nineteen counties: Beadle, Brookings, Brown, Clark, Codington, Day, Deuel, Edmunds, Faulk, Grant, Hamlin, Hand, Jerauld, Kingsbury, McPherson, Marshall, Roberts, Sanborn, and Spink. The estimated population of the Northeast Region in 2008 was 175,717. Persons who resided in the area comprised about 22% of the state's population. As displayed in the figure below, in 2009 this region had 518 LPNs, 2024 RNs, 2 CNMs, 47 CNPs, 30 CRNAs, and 10 CNSs.



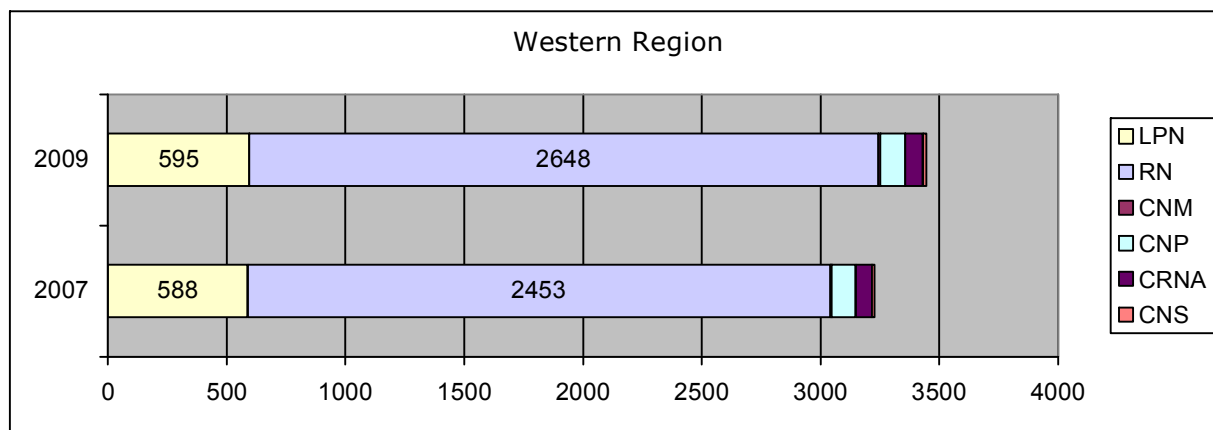
SOUTHEAST REGION

The Southeast Region is comprised of the following fourteen counties: Bon Homme, Clay, Davison, Hanson, Hutchinson, Lake, Lincoln, McCook, Miner, Minnehaha, Moody, Turner, Union, and Yankton. The estimated population of the Southeast Region in 2008 was 339,912. Persons who resided in the area comprised about 42% of the state's population. As displayed in the figure below, in 2009 this region had 890 LPNs, 6,052 RNs, 6 CNMs, 146 CNPs, 177 CRNAs, and 46 CNSs.



WESTERN REGION

The Western Region is comprised of the following sixteen counties: Bennett, Butte, Custer, Fall River, Haakon, Harding, Jackson, Jones, Lawrence, Meade, Mellette, Pennington, Perkins, Shannon, Todd, and Ziebach. The estimated population of the Western Region in 2008 was 211,915. Persons who resided in the area comprised about 26% of the state's population. As displayed in the figure below, in 2009 this region had 595 LPNs, 2648 RNs, 9 CNMs, 105 CNPs, 74 CRNAs, and 13 CNSs.



Appendix B – Employment Information

Employment Information: Select **ONE** response in each category below that best represents your current practice.

Employment Status: <input type="checkbox"/> Full-time Nurse <input type="checkbox"/> Part-time Nurse <input type="checkbox"/> Full-time other than Nursing <input type="checkbox"/> Part-time other than Nursing <input type="checkbox"/> Volunteer Nurse <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired	Where Presently Employed: County: <hr/> State: <hr/> City: <hr/> Zip Code: <hr/> Highest Degree Held: <input type="checkbox"/> Diploma / Registered Nurse <input type="checkbox"/> Associate Degree/RN <input type="checkbox"/> Baccalaureate Degree/RN <input type="checkbox"/> Baccalaureate in other field <input type="checkbox"/> Masters in Nursing <input type="checkbox"/> Masters in other field <input type="checkbox"/> Doctorate (PhD, Ed, DNP) <input type="checkbox"/> Practical Nurse Diploma/A.D.	Type of Position: <input type="checkbox"/> Nurse Management <input type="checkbox"/> Consultant <input type="checkbox"/> Case Manager <input type="checkbox"/> Nursing Program Faculty <input type="checkbox"/> Clinic Nurse <input type="checkbox"/> Staff Nurse <input type="checkbox"/> Charge Nurse <input type="checkbox"/> Inservice Educator/Staff Development <input type="checkbox"/> Advanced Practice Nurse <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> CNM</div> <div><input type="checkbox"/> CNP</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> CRNA</div> <div><input type="checkbox"/> CNS</div> </div> <input type="checkbox"/> Other
Principle Field/Place of Employment: <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long Term Care <input type="checkbox"/> Nursing Education Program <input type="checkbox"/> Home Health / Hospice <input type="checkbox"/> School <input type="checkbox"/> Outpatient Surgical Center <input type="checkbox"/> Office / Clinic <input type="checkbox"/> Community Health <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other	Formal Education Activities: <input type="checkbox"/> I am NOT taking courses toward an advanced degree in nursing <input type="checkbox"/> I am currently taking courses toward an advanced degree in nursing	

What percent of your current position involves direct patient care?

☐ 0%

☐ 25%

☐ 50%

☐ 75%

☐ 100%

Do you intend to leave/retire from nursing practice in the next 5 years?

☐ YES

☐ NO

States other than South Dakota in which you are licensed as a nurse:

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